

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau of Quality Assurance and Improvement



QUALITY SERVICE REVIEW
Final Report for
Riverbend Community Mental Health

Issued August 5, 2020

Acknowledgements

The Department of Health and Human Services, Bureau of Quality Assurance and Improvement (BQAI) acknowledges the significant effort the Riverbend Community Mental Health staff made to have its Community Mental Health Center (CMHC) Quality Service Review (QSR) be a success. BQAI also thanks the CMHC QSR review team, which included staff from BQAI and staff from the Division of Behavioral Health.

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Acronyms

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
BQAI	Bureau of Quality Assurance and Improvement
CII	Client Interview Instrument
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
CRR	Clinical Record Review
DHHS	Department of Health and Human Services
DRF	Designated Receiving Facility
DBH	Division for Behavioral Health
IPA	Inpatient Psychiatric Admission
ISP	Individualized Service Plan
NHH	New Hampshire Hospital
OCR	Overall Client Review
QIP	Quality Improvement Plan
QSR	Quality Service Review
RCMH	Riverbend Community Mental Health
SE	Supported Employment
SII	Staff Interview Instrument
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness

Executive Summary

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a Quality Service Review (QSR) process, in consultation with Representatives of the Plaintiffs and the Expert Reviewer, to assess the quality of the services provided by NH's Community Mental Health Centers (CMHCs) within the following substantive provisions of the Community Mental Health Agreement (CMHA): crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions from inpatient psychiatric facilities, and to evaluate the CMHC's achievement of the intended outcomes of the CMHA. The state is required to conduct a QSR at least annually.

To evaluate the quality of the services and supports provided by CMHCs, as outlined in the CMHA, BQAI developed a structured assessment using qualitative and quantitative data from individual interviews, staff interviews, clinical record reviews, and DHHS databases to measure the CMHC's achievement of 18 quality indicators and 67 performance measures that represent best practices regarding the substantive provisions of the CMHA.

DHHS conducted Riverbend Community Mental Health's (RCMH) QSR in Concord from March 9 through March 13, 2020. The first two days consisted of record reviews and the final three days consisted of client and staff interviews in the Concord office. The RCMH QSR sample included 19 randomly selected individuals eligible for services based on severe mental illness (SMI) or severe and persistent mental illness (SPMI) criteria, who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning. Assessment data was collected for each individual for the period of March 1, 2019 through March 8, 2020. The data was collected for each individual using the QSR instruments and scored using the QSR scoring protocol.

RCMH received a score of 80% or greater for 17 of the 18 quality indicators. The following indicator was identified as an area in need of improvement:

Quality Indicator 8: Adequacy of employment assessment/screening

RCMH is required to submit a Quality Improvement Plan to DHHS for each quality indicators identified as needing improvement.

Table 1: Riverbend Community Mental Health QSR Summary Results

Quality Indicator	Number of Individual s Scored	Quality Indicator Score	Quality Improvement Plan Required	Total Number of Measures
1. Adequacy of assessment	19	96%	No	4
2. Appropriateness of treatment planning	19	96%	No	3
3. Adequacy of individual service delivery	19	95%	No	6
4. Adequacy of housing assessment	19	95%	No	1
5. Appropriateness of housing treatment planning	19	95%	No	1
6. Adequacy of individual housing service delivery	19	100%	No	3
7. Effectiveness of the housing supports provided	19	89%	No	5
8. Adequacy of employment assessment/screening	19	71%	Yes	2
9. Appropriateness of employment treatment planning	8*	100%	No	1
10. Adequacy of individualized employment service delivery	11*	95%	No	2
11. Adequacy of assessment of social and community integration needs	19	97%	No	2
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	19	82%	No	13
13. Adequacy of crisis assessment	6*	96%	No	4
14. Appropriateness of crisis plans	19	95%	No	2
15. Comprehensive and effective crisis service delivery	6*	100%	No	5
16. Adequacy of ACT screening	19	100%	No	2
17. Implementation of ACT Services	12*	85%	No	4
18. Successful transition/discharge from inpatient psychiatric facility	7*	80%	No	7

* Individuals not applicable to the quality indicator were excluded from scoring.

I. Background

In 2014, the State of New Hampshire, the United States Department of Justice, and a coalition of private plaintiff organizations entered into a Settlement Agreement (here after referred to as the Community Mental Health Agreement, [CMHA]) in the case of Amanda D. et al. v. Margaret W. Hassan, Governor, et. al.; United States v. New Hampshire, No. 1:12-cv-53-SM. The CMHA is intended to significantly impact and enhance the State's mental health service capacity in community settings. The intent of the CMHA is to ensure that: 1) to the extent the State offers services, programs, and activities to qualified individuals with disabilities, such services, programs, and activities will be provided in the most integrated setting appropriate to meet their needs; 2) equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities is assured; 3) existing community-based services described in the Agreement are offered in accordance with the individualized transition process as set forth in the Agreement; 4) individuals served are provided with the State's services and supports they need to ensure their health, safety, and welfare; and 5) all mental health and other services and supports funded by the State are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

The CMHA Section VII requires the State to develop and implement a quality assurance and performance improvement system, emphasizing the use of individual-level outcome tools and measures, to ensure that existing community-based services described in the Agreement are offered in accordance with the provisions and outcomes set forth above. As part of that system, the State is required to conduct annual Quality Service Reviews (QSRs). Through the QSR process, the State collects and analyzes data to: identify strengths and areas for improvement at the individual, provider, and system-wide levels; identify gaps, weaknesses, and areas of highest demand; provide information for comprehensive planning, administration, and resource-targeting; and consider whether additional community-based services and supports are necessary to ensure individuals have opportunities to receive services in the most integrated settings. The QSR process framework is based on a continuous quality improvement model of assessment,

measurement, analysis, improvement, and sustainment in partnership with the State's Community Mental Health Centers (CMHCs).

II. Purpose

The NH Department of Health and Human Services (DHHS), Bureau of Quality Assurance and Improvement (BQAI) developed a QSR process in consultation with Representatives of the Plaintiffs and the Expert Reviewer to evaluate the quality of the services and supports provided by the CMHCs within the following substantive provisions set forth in the CMHA: crisis services, assertive community treatment (ACT), housing supports and services, supported employment (SE), and transitions/discharges from inpatient psychiatric facilities. Specifically, the CMHC QSR evaluates: 1) the adequacy of assessments, such that individual's needs and strengths are properly identified; 2) the appropriateness of treatment planning, including interventions that are appropriately customized to achieve the individual's goals; 3) the adequacy of individual service delivery such that the intensity, frequency, and duration of service provision, and its sufficiency, meet the individual's changing needs; and 4) the effectiveness of services provided.

The QSR also evaluates the CMHCs' achievement of the intended CMHA outcomes: 1) provide services, programs, and activities in the most integrated setting appropriate to meet an individual's needs; 2) assure equality of opportunity, full participation, independent living, and economic self-sufficiency of individuals; 3) ensure individuals are provided with services/supports they need to ensure their health, safety, and welfare; and 4) ensure that services provided to individuals are of good quality and are sufficient to provide reasonable opportunities to help individuals achieve increased independence, gain greater integration into the community, obtain and maintain stable housing, avoid harms, and decrease the incidence of hospital contacts and institutionalization.

Achievement of the CMHA provisions and outcomes by the CMHC is determined based on an assessment of the data gathered by the QSR process, including narrative provided by individuals and staff, and relevant findings from ACT fidelity reviews, SE fidelity reviews, CMHA quarterly data reports, BMHS contract monitoring info, and DHHS databases. The QSR data serves as a basis for the identification of areas in need of improvement and the formulation of a Quality

Improvement Plan (QIP) by the CMHC toward incremental and continuous improvement over time.

III. QSR Process Overview

The CMHC QSR process includes a number of tasks performed by DHHS and CMHC staff within a proscribed timeframe involving communication, logistics, IT, data entry, data analytics, scheduling, transportation, training, orientation, interviewing, and scoring. Pre-requisite tasks and forms are completed by both parties prior to the on-site portion of the QSR. The clinical record review occurs remotely at DHHS offices when access to the CMHC's electronic health record is available; otherwise, it occurs at the site of the CMHC. Interviews with individuals and CMHC staff occur on site, unless otherwise determined by the CMHC and BQAI. During the on-site period, daily contact occurs with QSR reviewers to ensure consistent practice and inter-rater reliability, and assistance is sought from the CMHC staff if needed. During the post on-site period, follow-up tasks required of the CMHC are completed and BQAI commences scoring. The QSR data is analyzed and the CMHC's QSR Report is written and provided to the CMHC identifying any areas in need of improvement. If needed, the CMHC submits a QIP to DHHS for approval. Progress reports submitted to DHHS by the CMHC are monitored and technical assistance is provided to the CMHC if needed. The next QSR cycle serves to validate progress made toward achievement of the improvement target(s).

IV. QSR Methodology

To ensure a robust and comprehensive understanding of the CMHC's services and supports regarding the substantive provisions included in the CMHA, and corresponding impact on the related outcomes of the individuals served, the QSR employs a mixed-method design that incorporates both quantitative and qualitative measurement, including secondary administrative data, clinical record data, and interview data. Data used for the assessment is collected for each individual during the most recent 12-month period using four standardized instruments: the Clinical Record Review (CRR), the Client Interview Instrument (CII), the Staff Interview Instrument (SII), and the Overall Client Review (OCR). See Appendix 1: List of CMHC QSR Instruments for a description of the instruments. The instruments are structured to enable the evaluation of both the adequacy and the effectiveness of CMHC service provision related to: Assessment, Treatment Planning, and Service Delivery; Housing Services and Supports;

Employment Services and Supports; Community Integration, Choice and Social Supports; Crisis Services and Supports; ACT Services and Supports; and Inpatient Psychiatric Admission Transition/Discharge, as defined by 18 quality indicators and 67 performance measures. Each quality indicator includes one or more performance measures. The method used to score the quality indicators and performance measures is described in the Scoring section.

Sample Size and Composition

The CMHC QSR sample is randomly selected and consists of at least 20 individuals eligible for services based on the category of Severe Mental Illness (SMI) or severe and persistent mental illness (SPMI) who received at least one of the following services within the past 12 months: ACT, SE, crisis services, housing, and transition planning from an inpatient psychiatric admission (IPA). Prior to the site review, each individual is assigned to one of four sample categories: 1) *ACT/IPA*: individuals receiving ACT and have had at least one IPA which includes voluntary, involuntary, and conditional discharge revocation admissions; 2) *ACT/No IPA*: individuals receiving ACT but who have not experienced an IPA within the past 12 months; 3) *No ACT/IPA*: individuals who are not receiving ACT but have experienced an IPA in the past 12 months; and 4) *No ACT/No IPA*: individuals who are not receiving ACT and have not experienced an IPA within the past 12 months. Sample lists may then be reviewed to determine if there are individuals who had admissions at inpatient behavioral health units other than New Hampshire Hospital and the Designated Receiving Facilities, and those individuals are moved to the ACT/IPA and NO ACT/IPA lists as appropriate. Additionally, information gathered during the interview scheduling and site review may result in an individual being re-assigned to a different sample category, resulting in a change in the final number of individuals for each category.

Evidence during the first year of administering the QSR demonstrated that the final sample category re-assignment tended toward re-assignment into the fourth *No ACT/No IPA* sample category identified above. This resulted in an over-representation of the *No ACT/No IPA* sample category at the completion of the QSR. As a result, the CMHC is now provided only with individuals assigned to the first three sample categories, *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* to ensure a more balanced representation in all four categories once the final re-assignment of the categories is made at the completion of the QSR.

Data Sources

The CMHC QSR uses quantitative and qualitative data to evaluate the quality of services and supports provided to individuals. Data collected specifically for the purpose of this evaluation is collected through in-depth interviews with individuals and staff, reviews of clinical records and other CMHC records, and queries from the DHHS Phoenix and Avatar databases. If a reviewer is unable to locate adequate evidence in the CMHC's clinical record, the reviewer documents that instance as "no evidence." CMHC staff are given the opportunity to locate documentation within its clinical record system. The QSR reviewers determine whether the evidence located by the CMHC staff is adequate and would result in a response other than "no evidence."

Scoring

The CMHC QSR scoring framework includes 18 quality indicators within seven domains that define achievement of the outcomes and substantive provisions set forth by the CMHA. The domains include Assessment/Treatment Planning/Service Delivery, Housing Services and Supports, Employment Services and Supports, Community Integration/Choice/Social Supports, Crisis Services and Supports, ACT Services and Supports, and Inpatient Psychiatric Admission Transition/Discharge. Domain percentages are determined by averaging the number of measures under each domain that received a "YES." The measures within each domain are scored with equal weight. Each quality indicator is defined by at least one performance measure. Each performance measure defines a critical aspect of the quality indicator and when evaluated in total provides an assessment of the achievement of that indicator. For example, for an assessment to be considered adequate (Quality Indicator 1) the assessment must identify the individual's needs and preferences (performance measure 1a), identify an individual's strengths (performance measure 1b), and include face-to-face contact with the individual during the information gathering process (performance measure 1c).

Performance measures are scored as "YES" (positive) or "NO" (negative) based on the data collected from the four QSR instruments. Quality indicators are scored at the individual level and the CMHC level. A quality indicator is scored at the individual level based on the percent of performance measures associated with that quality indicator that were scored as "YES." The CMHC level score is based on the average of the total individual level scores for that quality indicator.

For example, Quality Indicator 1 consists of Measures 1a, 1b, 1c, and 1d. If an individual received a score of “YES” for three of the four performance measures, the score for Quality Indicator 1 at the individual level would be 75%. If the total of all six individual level scores for Quality Indicator 1 is 475, the CMHC level score for Quality Indicator 1 would be 79% (see Appendix 2: Quality Indicator 1 Scoring Example).

The data points used for scoring the performance measures are based on the information found in the clinical record review, the answers provided by the individual and the staff member during the interview process, and the assessment information provided by the QSR Reviewers in the Overall Client Review (see Appendix 3: QSR Abbreviated Master Instrument). In some cases, the individual’s response is given more weight in scoring than the staff response or the information in the record review; in other cases, the staff response may be given more weight. Certain questions within the clinical record review require the QSR Review Team to use guided judgement, in addition to information found in the clinical record or the narrative response provided by the individual or staff, to determine the answer that will be used in scoring.

The scoring of the quality indicators excludes data from individuals who received a relevant service or support outside the period of review (12-month period), as well as if the relevant service or support did not pertain to the individual; therefore, the number of individuals scored for any given measure may vary. For example, individuals who were not interested in receiving employment services or supports during the review period will not have a score for Quality Indicator 10: Adequacy of individual employment service delivery. Individuals who are not currently receiving ACT services will not have a score for Quality Indicator 17: Implementation of ACT Services.

A number of quality indicators also include measures derived from the OCR. The answers to the OCR questions represent performance measures used in the scoring of seven applicable quality indicators, e.g., OCR Q1 “Is the frequency and intensity of services consistent with the individual’s demonstrated need?” is a measure within Quality Indicator 3: Adequacy of Individual Service Delivery (see Appendix 3: QSR Abbreviated Master), and is incorporated into the scoring protocol for the relevant quality indicator(s).

In addition, a score is given to each QSR domain to provide additional information in the assessment of the CMHC’s compliance with the CMHA substantive provisions (see CMHA

Substantive Provisions section). Each domain consists of specified measures. The domain score is calculated as an overall average of individual-level percentages, i.e., for each applicable individual, the percentage of “YES” measures (those that are positive) within a domain is calculated, then all the individual-level percentages are averaged to determine the final domain score. The seven domains are:

Assessments, Treatment Planning and Service Delivery: Quality Indicators 1, 2, and 3;

Housing Services and Supports: Quality Indicators 4, 5, 6, and 7;

Employment Services and Supports: Quality Indicators 8, 9, and 10;

Community Integration, Choice, and Social Supports: Quality Indicators 11 and 12;

Crisis Services and Supports: Quality Indicators 13, 14, and 15;

ACT Services: Quality Indicators 16, and 17; and

Transition/Discharge from an Inpatient Psychiatric Admission: Quality Indicator 18.

QSR Findings and Conclusions

The QSR findings are based on the data collected by the QSR instruments and include an overview of the number of individuals in the QSR sample by category, the distribution of interview and record review activities, and a quantitative assessment (scoring) of the CMHC relative to the quality indicators and performance measures. Qualitative data provided by the individuals and staff during the interview and/or identified in the record review is used to provide additional insight into the data and may inform particularly low scoring measures within a quality indicator or outlier data. Conclusions include an assessment of the CMHC’s achievement of the outcomes and substantive provisions identified in the CMHA based on a summation of QSR data, ACT Fidelity Reviews, SE Fidelity Reviews, and additional data from DHHS databases and BMHS contract monitoring, where applicable.

Quality Improvement Plan and Monitoring

An initial QSR report is provided to the CMHC. The CMHC has 15 calendar days to submit factual corrections and any significant information relevant to the QSR report for BQAI to consider prior to issuing the final report. The final report is distributed to the CMHC, Representatives of the Plaintiffs, and the Expert Reviewer, and is posted to the DHHS website. The CMHC is required to submit a QIP to DHHS for any quality indicator identified as an area in need of improvement. That threshold is any quality indicator scoring less than 70% for SFY18, less than 75% for SFY19, and less than 80% for SFY20. The CMHC has 30 calendar

days to submit a QIP to DHHS for review by the BMHS Director and the BQAI Administrator. The CMHC is required to use the standardized QIP template provided by DHHS. The BMHS Director informs the CMHC whether the plan was approved or needs revision. Once approved, any changes made to the plan must be approved by the BMHS Director or designee. DHHS monitors the achievement of the CMHC's QIP through standardized progress reports submitted by the CMHC to BMHS and BQAI each quarter. BMHS and BQAI will provide feedback and any needed technical assistance to the CMHC during the improvement period. CMHCs are expected to make incremental improvement each year toward an improvement target of 80% or greater.

V. Riverbend Community Mental Health QSR Findings

Riverbend Community Mental Health QSR Overview

The RCMH QSR was conducted at the RCMH office in Concord. Additional information about RCMH is found in Appendix 4: Agency Overview. Two hundred sixteen RCMH individuals met the QSR sample criteria. Twenty-two eligible individuals were drawn at random from the *ACT/IPA*, *ACT/No IPA*, and *No ACT/IPA* categories to be interviewed. However, only 19 individual interviews were completed due to a client death, a client with a medical situation, and a client who did not follow through despite several attempts and accommodations. Information gathered during the scheduling and site review resulted in some individuals being re-assigned to a different (the accurate) sample category, which changed the final number of individuals in each category. Table 2 shows the distribution of individuals by the sample categories as originally provided and the final adjusted groupings after interviews were completed.

Table 2: Number of Individuals by Category

	FULL SAMPLE		INDIVIDUALS INTERVIEWED	
CATEGORY	Number	Percent	Number	Percent
ACT/IPA	27	13%	3	16%
ACT/NO IPA	67	31%	9	47%
NO ACT/IPA	14	6%	4	21%
NO ACT/NO IPA	108	50%	3	16%
Total	216	100%	19	100%

The RCMH Quality Service Review included a review of 22 clinical records, 19 individual interviews and 21 staff interviews. Table 3 shows the distribution of interview and record review activities.

Table 3: Review Activities

	Number In Person	Number By Phone	<i>Total</i>
Individuals Interviewed	19	0	19
Staff Interviewed	19	2	21
Clinical Records Reviewed	22	NA	22

From March 9 through March 13, 2020, five teams consisting of staff from BQAI and DBH completed the DHHS on-site data collection processes. Data was collected for the review period of March 1, 2019 through March 8, 2020. Following the on-site review, the QSR data was scored. Analysis of the scores was then completed.

A year-to-year comparison of RCMH's results are reported in Appendix 5: Year-to-Year Comparison. Of note, the threshold score for SFY18 was 70%, SFY19 was 75% and the threshold for this year is 80%.

Riverbend Community Mental Health Scores

ASSESSMENT, TREATMENT PLANNING AND SERVICE DELIVERY

Quality Indicator 1 corresponds to CMHA section VII.D.1. RCMH was evaluated for the adequacy of each individual's assessment and the resultant treatment planning and service delivery received. In addition to determining the CMHC's compliance with standardized assessment tools, these questions evaluate: 1) whether the screening/assessment conducted adequately considers the individual's strengths and needs, and 2) whether the treatment plans and service delivery that flow from the assessments are appropriately designed to meet the individual's needs and goals.

Quality Indicator 1: Adequacy of Assessment

Assessment provides information to help treatment planning team members identify the individual's capabilities, needs, and preferences relative to the design of the treatment plan, and

identify the most effective strategies and supports delivered in the least restrictive environment that will help the individual achieve his/her treatment goals. An adequate assessment is complete and identifies the individual's specific needs, strengths, and preferences, and is conducted face-to-face.

Nineteen individuals were scored for Quality Indicator 1. RCMH received a score of 96%.

Quality Indicator 1 consists of Measure 1a, Measure 1b, Measure 1c, and Measure 1d.

Individuals were scored as follows:

	YES	NO
Measure 1a: Assessments identify individual's needs and preferences	19	0
Measure 1b: Assessments identify individual's strengths	19	0
Measure 1c: Assessment information was gathered through face to face appointment(s) with the individual	16	3
Measure 1d (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0

Additional Results

- RCMH uses the Adult Needs and Strengths Assessment (ANSA) to assess individuals' needs and strengths. All 19 records had areas within the needs section and the strength section scored (CRR Q5, CRR Q6).
- Staff indicated that at least part of the assessment process was done through face-to-face interactions with 16 of 19 individuals interviewed (SII Q2).
- Nine of 19 individuals had treatment plans in which there were one or more treatment plan goals without related identified needs found in the ANSA, case management assessment, or other comparable assessment (CRR Q10).
- Overall, no individuals reviewed were observed to need additional services that were not already identified in their assessments or in their treatment plan (OCR Q3).

Quality Indicator 2: Appropriateness of Treatment Planning

Quality Indicator 2 corresponds to CMHA sections VII.D.1 and V.D.2.f. Treatment planning is appropriate when treatment plans are developed with the individual, incorporate the individual's strengths, and include treatment interventions customized to meet the individual's identified

needs and help achieve their goals. Appropriate treatment planning also includes review and revision of the treatment plan on a quarterly basis, at a minimum, and whenever there is a change in the individual's needs and/or preferences. Appropriate treatment plans consist of individual-specific goals, objectives, action steps, and prescribed services.

Nineteen individuals were scored for Quality Indicator 2. RCMH received a score of 96%. Quality Indicator 2 consists of Measure 2a, Measure 2b, and Measure 2c. Individuals were scored as follows:

	YES	NO
Measure 2a: Treatment planning is appropriately customized to meet individual's needs and goals	18	1
Measure 2b: Treatment planning is person-centered and strengths based	18	1
Measure 2c (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0

Additional Results

- If the ANSA or comparable assessment identifies mental health needs for an individual, the treatment plan and case management plan are then reviewed to see if RCMH has established a goal or plan to address the identified need(s). Six individuals were found to have at least 70% of their identified mental health needs addressed through their case management plans or treatment plans. Twelve individuals had less than 70% of their identified mental health needs addressed in either their case management plans or treatment plans, and one had no mental health needs identified in the ANSA (CRR Q9).
- The QSR also looks at the reverse, reviewing each goal in the ISP treatment plan and determining if there is a related identified need in the case management assessment or the ANSA or other comparable assessment. Ten individuals were found to have identified needs relating to all of their treatment goals; nine individuals had one or more treatment plan goals that were not aligned with any of their identified needs in the case management assessment or the ANSA (CRR Q10).
- From the review of individuals' quarterly assessments, two individuals had quarterlies that identified that a modification or change in treatment or services was needed. There was

evidence to support that the identified modifications were made for one of the individuals (CRR Q15).

- The clinical record contained documentation of quarterly reviews having been completed for all quarters that fell within the period under review for 18 individuals (CRR Q16).
- Eighteen individuals responded they talked with RCMH staff in the past 12 months about their needs and goals (CII Q1), many saying they did so as often as weekly (CII Q2). One individual struggled to answer the question despite attempts to rephrase and ask again. No individuals felt they did not speak often enough with staff about their needs and what they wanted to work on (CII Q3).
- Eighteen individuals responded staff actively work with them on their goals (CII Q5).
- Of the 19 individuals interviewed, 18 indicated they were able to effectuate change to their treatment plans (CII Q8). Sixteen individuals had an understanding of how their treatment plan was able to help them (CII Q9).
- Two individuals stated there were people they wished had been involved in their treatment planning who were not (CII Q7). These people included family and additional mental health professionals, such as a therapist and case manager.
- The clinical record contained documentation of 11 individuals having signed their most recent ISP/treatment plan (CRR Q12); all 19 ISP/treatment plans included the individuals' strengths (CRR Q13); and all 19 ISP/treatment plans were written in plain language (CRR Q14).
- Of the 19 individuals interviewed, 17 individuals indicated they were involved in their treatment planning and goal setting (CII Q6).
- Overall, no individuals reviewed were observed to need additional services that were not identified in their assessments or in their treatment plan (OCR Q3).

Quality Indicator 3: Adequacy of Individual Service Delivery

Quality Indicator 3 corresponds to CMHA sections VII.D.1, V.D.2.b, and V.D.2.c. Adequate and appropriate services incorporate the individual's strengths and are delivered with the intensity, frequency, and duration needed to meet his/her needs and achieve his/her goals. Services are considered adequate when, as a result of the services provided, the individual makes demonstrated progress toward achieving his/her treatment goals and desired outcomes, the

services are delivered in accordance with the treatment plan, and prescribed services are revised as needed to meet the changing needs and goals of the individual.

Nineteen individuals were scored for Quality Indicator 3. RCMH received a score of 95%.

Quality Indicator 3 consists of Measures 3a-3f. Individuals were scored as follows:

	YES	NO
Measure 3a: Services are delivered with the appropriate intensity, frequency, and duration	15	4
Measure 3b: Service delivery is flexible to meet individual's changing needs and goals	17	2
Measure 3c: Services are delivered in accordance with the service provision(s) on the treatment plan	19	0
Measure 3d (OCR Q1): Frequency and intensity of services are consistent with individual's demonstrated need	19	0
Measure 3e (OCR Q3): Assessments and treatment plans have adequately identified service needs, and no further services are needed	19	0
Measure 3f (OCR Q5): Services and supports ensure health, safety, and welfare	19	0

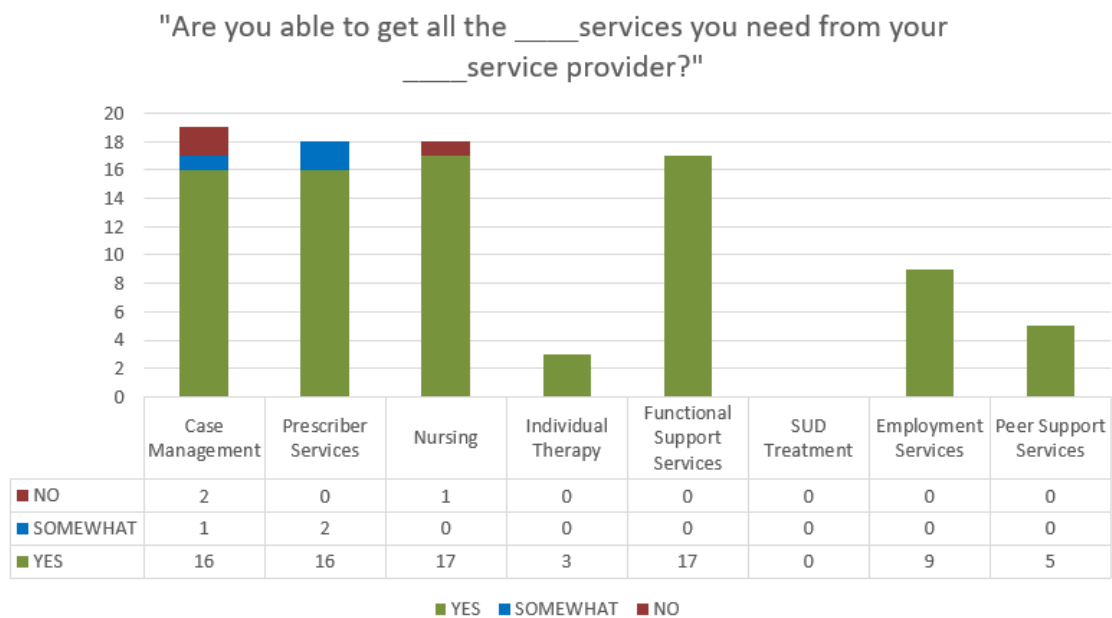
Additional Results

- Eighteen individuals responded they are able to get all the services and supports they need to meet their current needs and achieve their goals; one individual responded he/she is “somewhat” able to get all the services and supports he/she needs to meet his/her current needs and achieve his/her goals (CII Q19). Three individuals identified needing more help from RCMH with specific services/supports, such as additional case management, functional support services, and additional services and consultation with nursing and psychiatry (CII Q20).
- Staff acknowledged there were one or more services that one of the 19 individuals was not receiving at the frequency prescribed on his/her treatment plan (SII Q5). This was due to the client declining one or more of the services (SII Q6).
- Documentation in the clinical records indicated that 12 of the 19 individuals were not receiving 70% or more of their services at the frequency prescribed on their treatment plans (CRR Q11). Staff was able to provide appropriate reasons for why some services were not

provided at the frequency prescribed for eight of those 12 individuals (SII Q7). Additionally, four individuals were reported to be declining one or more of their services.

- Overall, it was determined that all individuals reviewed were receiving services at a frequency and intensity consistent with their demonstrated needs (OCR Q1).
- Overall, no individuals reviewed were observed to need additional services that were not identified in their assessments or in their treatment plan (OCR Q3).
- Overall, all individuals reviewed were observed to be receiving all of their needed services to ensure health, safety, and welfare (OCR Q5).
- Individuals were asked if they were able to get all the supports and services they needed from specific staff roles, based upon which services were prescribed on their treatment plan or in which they were interested (CII Q11, CII Q12, CII Q13, CII Q14, CII Q15, CII Q61, CII Q108). Individuals were most satisfied with their functional support services, with all 17 individuals receiving this service responding that they were receiving all the services needed in this area (See Figure 1).

Figure 1: Ability to Get All the Supports and Services Needed



HOUSING SERVICES AND SUPPORTS

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters and

hospitals. Having a safe, appropriate place to live can provide individuals with the stability they need to achieve their goals. The U.S. Department of Justice (DOJ) interprets the Americans with Disabilities Act’s anti-discriminatory provision as follows: “A public entity shall administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities,” meaning “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.”²

An individual receives appropriate and adequate housing services when his/her housing needs are adequately assessed, services are incorporated into treatment planning as needed, and interventions support the individual’s ability to live with stability and autonomy in the least restrictive environment. Adequate housing services and supports assist the individual with acquiring, retaining, and maintaining the skills necessary to reside successfully in permanent community-based settings.

Quality Indicator 4: Adequacy of Housing Assessment

Quality Indicator 4 corresponds to CMHA section VII.D.1. Assessment in the area of housing and housing supports provides information to treatment planning team members that helps them accurately identify the individual’s housing needs and the range and level of supports needed to acquire and maintain appropriate and adequate housing. Adequate housing assessment identifies the specific and most recent housing needs of the individual.

Nineteen individuals were scored for Quality Indicator 4. RCMH received a score of 95%.

Quality Indicator 4 consists of Measure 4a. Individuals were scored as follows:

	YES	NO
Measure 4a: Individual housing needs are adequately identified	18	1

Additional Results

- Both the ANSA and case management assessments supported that individuals’ housing needs were routinely assessed. ANSAs were found for all 19 individuals (CRR Q4), and case management assessments were found for 18 of 19 individuals (CRR Q1). Collectively, all 19 individuals were assessed for housing needs by one or both of these means (CRR Q19, CRR Q20).

- Seventeen individuals reviewed had housing needs identified in either the ANSA or the case management assessment (CRR Q21).

Quality Indicator 5: Appropriateness of Housing Treatment Planning

Quality Indicator 5 corresponds to CMHA section V.E.1.a. Housing treatment planning is appropriate when treatment plans include housing services and supports that are customized to meet the individual's identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Nineteen individuals were scored for Quality Indicator 5. RCMH received a score of 95%.

Quality Indicator 5 consists of Measure 5a. Individuals were scored as follows:

	YES	NO
Measure 5a: Treatment Plans are appropriately customized to meet individual's housing needs and goals	18	1

Additional Results

- Seventeen of 19 individuals had housing needs identified in either the ANSA or the case management assessment (CRR Q21). Of those 17 individuals, 16 had housing related goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24); all 16 individuals had housing goals in alignment with their assessed housing needs (CRR Q28).

Quality Indicator 6: Adequacy of Individual Housing Service Delivery

Quality Indicator 6 corresponds to CMHA section IV.B, V.E.1.a, and VII.D.1, 4. Housing service delivery is adequate when housing support services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her housing goals.

Nineteen individuals were scored for Quality Indicator 6. RCMH received a score of 100%.

Quality Indicator 6 consists of Measure 6a, Measure 6b, and Measure 6c. Individuals were scored as follows:

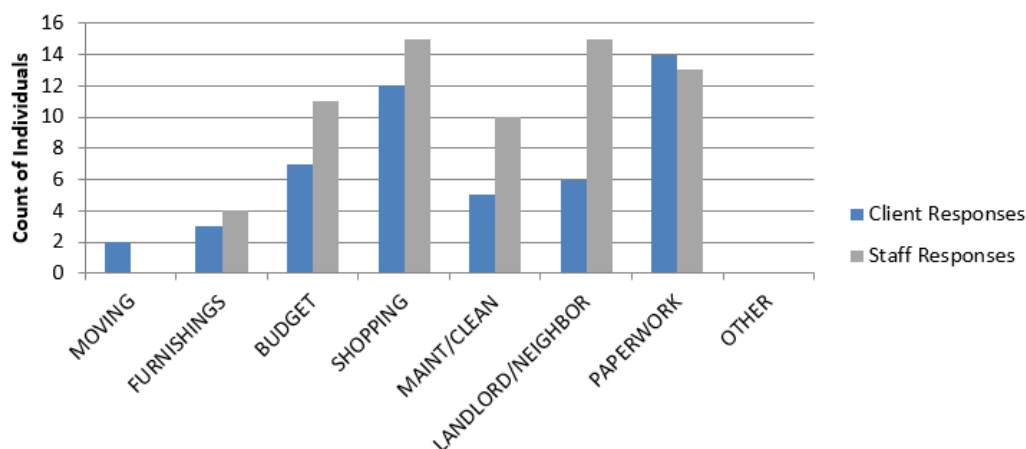
	YES	NO
Measure 6a: Housing support services are provided to with appropriate intensity, frequency, and duration to meet individual's changing needs and goals	19	0

Measure 6b: Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual	19	0
Measure 6c: (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

- All 16 individuals with housing goals or objectives on their treatment plan and/or case management plan (CRR Q23, CRR Q24) were receiving housing related services (CRR Q26), and all 16 individuals were receiving housing services that were in alignment with their housing goals (CRR Q28).
- One individual did not feel that he/she was able to get all the housing supports he/she needed (CII Q43). This individual wanted to live in a different place, but did not specifically identify needing additional CMHC services or supports (CII Q44). All individuals felt that they had enough support to achieve their housing goals (CII Q45).
- Overall, all individuals reviewed were observed to be receiving services adequate to obtain and maintain stable housing (OCR Q9).
- The most common housing services received by individuals were help with housing related paperwork and help with shopping (SII Q30, CII Q42) (see Figure 2).

Figure 2: Most Common Housing Services and Supports Received



Quality Indicator 7: Effectiveness of Housing Service Delivery

Quality Indicator 7 corresponds to CMHA section VII.A. Housing services are effective when the services and supports provided to the individual enable him/her to make progress toward and

achieve his/her identified housing goals; enable him/her to be involved in selecting his/her housing; and enable him/her to maintain safe and stable housing.

Nineteen individuals were scored for Quality Indicator 7. RCMH received a score of 89%.

Quality Indicator 7 consists of Measures 7a-7e. Of the 19 individuals interviewed, 10 individuals were considered not applicable for Measure 7d because they did not move nor had interest in moving during the period under review. Individuals were scored as follows:

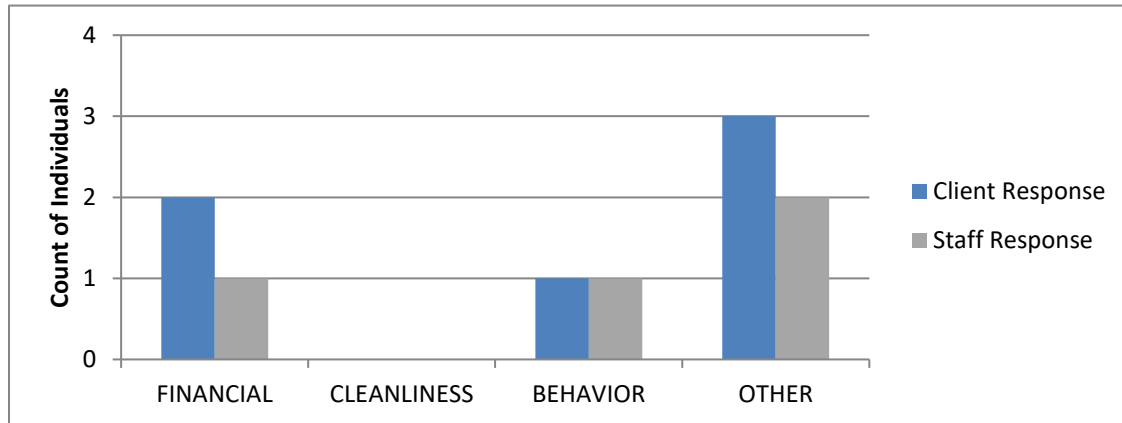
	YES	NO
Measure 7a: Housing supports and services enable individual to meet/progress towards identified housing goals	19	0
Measure 7b: Housing supports and services enable individual to maintain safe housing	16	3
Measure 7c: Housing supports and services enable individual to maintain stable housing	15	4
Measure 7d: Housing supports and services enable individual to be involved in selecting housing	6	3
Measure 7e (OCR Q9): Services are adequate to obtain and maintain stable housing	19	0

Additional Results

- Four individuals responded they had a safety concern related to their home or neighborhood in the past 12 months (CII Q29). Staff responded being aware of a safety concern related to housing for two of the four individuals who self-identified safety concerns as well as two additional individuals (SII Q22). Two clients and three staff identified the safety concerns as being current (CII Q30, SII Q23). The most common reasons for the safety concerns were fear for personal/physical safety and criminal activity in the area.
- Fifteen individuals are living in independent private residences, two individuals are living in a dependent private residence, and two individuals live in a residential program (CII Q27, SII Q20).
- Four individuals responded they were homeless at some point in the past 12 months (CII Q33).
- A total of seven unduplicated individuals were at risk of losing housing in the past 12 months per individual and staff responses (CII Q31, SII Q24). The most common reasons mentioned

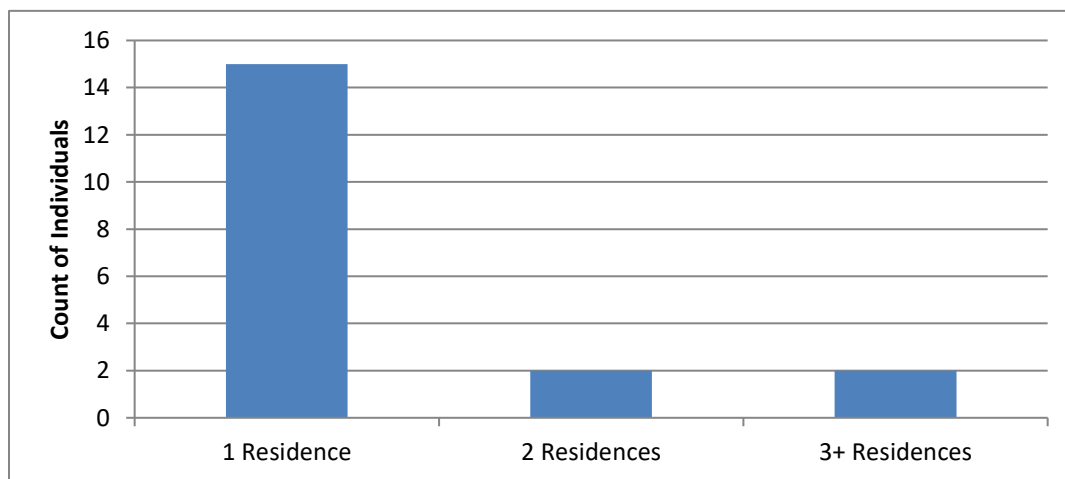
were related to not being able to afford their housing and conflicts around no contact orders (CII Q32, SII Q25) (see Figure 3).

Figure 3: Reasons for Being at Risk of Losing Housing in the Past 12 Months



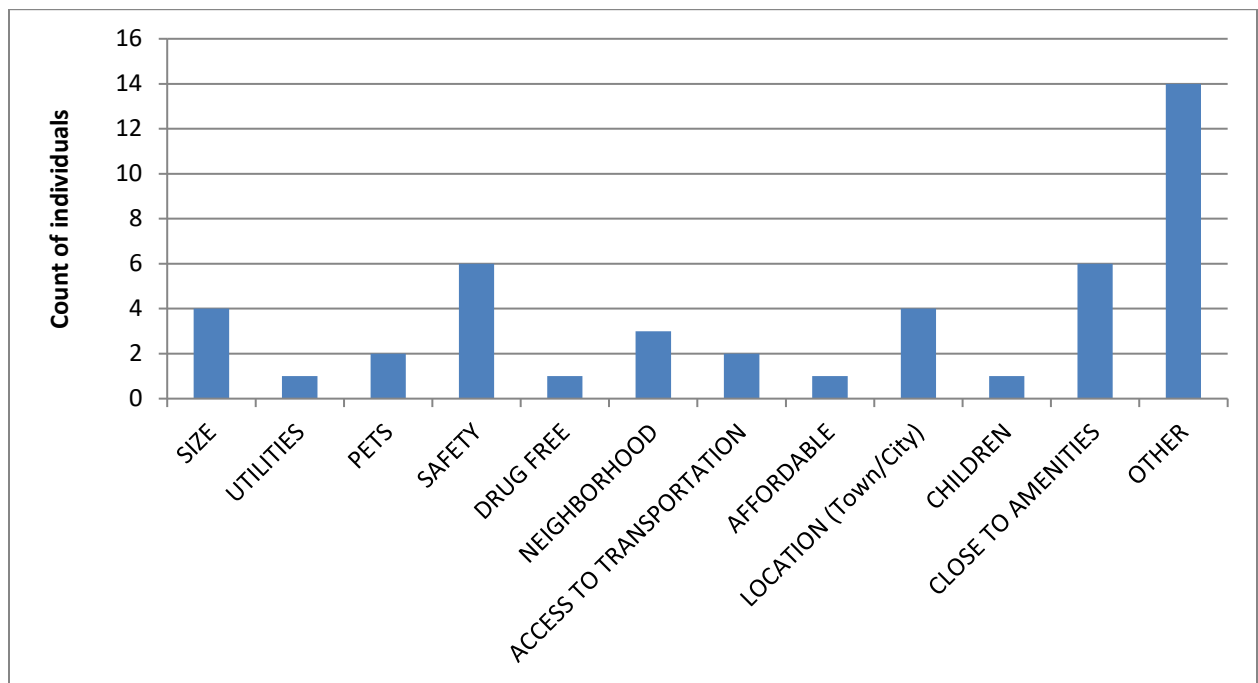
- Fifteen individuals had lived in the same residence for the past year or more (CII Q34) (see Figure 4).

Figure 4: Places Lived in the Past Year



- The most common responses made by individuals regarding the factors most important to them when choosing a place to live was safety and being close to amenities (CII Q40). Some of the more specific reasons given that were categorized as “other” were having people around, having a pool, close to family, furnished, clean, and no bed bugs (see Figure 5).

Figure 5: Preferences When Choosing Where to Live



- Overall, it was determined that all individuals were receiving services adequate to obtain and maintain stable housing (OCR Q9).

EMPLOYMENT SERVICES AND SUPPORTS

Employment is a social determinant of health and increases health, wellbeing and community integration. Employment support services are designed to help an individual find and maintain competitive work in integrated settings. Supported employment, an evidence-based practice, is shown to be effective in helping individuals live independently in the community.

An individual receives appropriate and adequate employment services when he/she has been screened to determine his/her employment needs and interests, employment goals are identified and incorporated into the treatment plan, and employment services and supports are provided in a manner that helps him/her make progress toward and achieve his/her employment goals.

Quality Indicator 8: Adequacy of Employment Assessment/Screening

Quality Indicator 8 corresponds to CMHA section VII.D.1. An employment assessment/screening provides information to the treatment planning team that helps them identify the individual's interests, readiness, preferences, and needs regarding acquiring and/or maintaining employment, and determine the range and level of services and supports needed to

achieve the individual's employment goals. An adequate employment assessment/screening is comprehensive and identifies the specific and most recent employment needs and preferences of the individual.

Nineteen individuals were scored for Quality Indicator 8. RCMH received a score of 71%.

Quality Indicator 8 consists of Measure 8a and Measure 8b. Of the 19 individuals interviewed, 15 individuals were considered not applicable for Measure 8b because they were not receiving supported employment services. Measure 8b is applicable only if individuals were enrolled in Supported Employment during the period under review (CRR Q29). Individuals were scored as follows:

	YES	NO
Measure 8a: Individual employment needs are adequately identified	14	5
Measure 8b: Individual received a comprehensive assessment of employment needs and preferences when applicable	3	1

Additional Results

- Five of 19 individuals responded they had not been asked by RCMH staff in the past 12 months about their employment goals or interests (CII Q52).
- There was evidence in the clinical record that all 19 individuals had been assessed/screened for employment needs (CRR Q30, CRR Q31).
- Of the nine individuals stating they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), eight had employment needs identified in either the ANSA or the case management assessment (CRR Q32).
- Four individuals were enrolled in supported employment during the period under review (CRR Q29), and three of four individuals had a completed comprehensive employment assessment (vocational profile) (CRR Q37). All three employment assessments (vocational profiles) that were completed included the individual's employment strengths (CRR Q38).

Quality Indicator 9: Appropriateness of Employment Treatment Planning

Quality Indicator 9 corresponds to CMHA section V.F.1. Employment treatment planning is appropriate when employment services and supports are customized to meet the individual's

identified needs and goals, and revised when there is a change in the individual's needs and/or preferences.

Eight individuals were scored for Quality Indicator 9. RCMH received a score of 100%. Quality Indicator 9 consists of Measure 9a. Of the 19 individuals interviewed, 11 individuals were considered not applicable for Measure 9a because they reported they were not interested in employment or receiving employment support services (CII Q53). Individuals were scored as follows:

	YES	NO
Measure 9a: Treatment plans are appropriately customized to meet individual's changing employment needs and goals	8	0

Additional Results

- Nine individuals responded they were interested in receiving help with finding or keeping a job in the past 12 months (CII Q53), eight of whom described interest in receiving help and services that would be provided by RCMH (CII Q54); staff were aware of this interest for those eight individuals, and identified three additional individuals as having indicated some employment interest in the period under review (SII Q42). All eight individuals who expressed interest in receiving help from the CMHC with finding or keeping a job had employment-related goals or plans, as evidenced by their treatment plans and/or case management plans (CRR Q34, CRR Q35).
- In total, 11 individuals had employment related goals or plans, regardless of expressed interest (CRR Q34, CRR Q35), and these goals or plans were all in alignment with assessed needs (CRR Q41).
- Two individuals had Supported Employment listed as a prescribed service on their treatment plans (CRR Q11). One of those individuals had not been enrolled in SE during the past 12 months (CRR Q29). A total of four individuals had been enrolled in SE during the period under review (CRR Q29).
- Six individuals reported that their employment related needs or goals had changed at some point during the past 12 months (CII Q58). All six individuals reported discussing these changes with RCMH staff (CII Q59), and all six individuals felt that RCMH staff had helped them with their changed employment needs or goals (CII Q60).

Quality Indicator 10: Adequacy of Individualized Employment Service Delivery

Quality Indicator 10 corresponds to CMHA section IV.B, V.F.1, VII.B.1, 4, and VII.D.4.

Employment service delivery is adequate when employment supports and services are provided with the intensity, frequency, and duration needed to meet the individual's changing needs and achieve his/her identified employment goals.

Eleven individuals were scored for Quality Indicator 10. RCMH received a score of 95%.

Quality Indicator 10 consists of Measure 10a and Measure 10b. Individuals were scored for the indicator if at least one of the two measures applied to them. Of the 19 individuals interviewed, 11 individuals were considered not applicable for Measure 10a because they reported not being interested in employment or were not receiving employment support services during the period under review (CII Q53, CRR Q29). Of the 19 individuals interviewed, eight individuals were considered not applicable for Measure 10b because they did not have employment goals (CRR Q34, CRR Q35). Accordingly, the additional results below are based upon the number of individuals the data points apply to, respectively. Individuals were scored as follows:

	YES	NO
Measure 10a: Service delivery is provided with the intensity, frequency, and duration needed to meet individual's changing employment needs	7	1
Measure 10b: Services and supports are meeting individual's employment goals	11	0

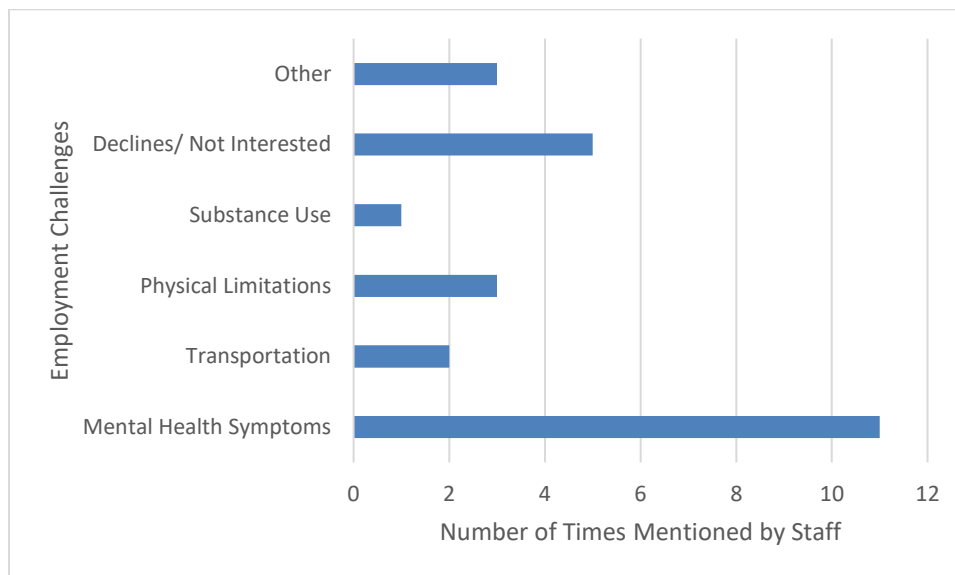
Additional Results

- Two of 19 individuals had supported employment prescribed on their treatment plans. Of those two individuals, one was receiving services at the frequency prescribed on his/her treatment plan (CRR Q11).
- No individuals responded that they needed additional employment related services from RCMH (CII Q61). One individual responded that he/she was not getting employment supports and services *as often* as he/she felt was needed (CII Q62). Individuals are also asked if they have enough support to achieve their employment goals. All individuals felt that they did (CII Q63).
- Four individuals reported being employed (CII Q47); of those individuals, three individuals reported having a competitive job and one individual reported having a non-competitive job (CII Q48); two individuals work full-time and two individuals work part-time (CII Q49), and

two individuals responded they are interested in working more hours (CII Q51). For the purposes of this report, 20 hours or more is considered full-time, and less than 20 hours is considered part-time.

- For the 13 individuals who had employment needs identified in the ANSA or case management assessment (CRR Q32) and/or had employment goals prescribed on the treatment plan or identified in the case management plan (CRR Q34, CRR Q35), 12 individuals received employment services and supports that were in alignment with their employment needs or goals (CRR Q41).
- Responses from staff about challenges individuals face in finding and maintaining employment included age, lack of transportation, difficulty managing emotional or psychiatric symptoms, lack of education, lack of family support around employment, language barriers, and physical limitations, as well as general lack of interest (SII Q46) (see Figure 6).

Figure 6: Employment Challenges Faced by Individual



- Staff identified 11 individuals as having received employment related services in the past 12 months (SII Q50). For all 11 individuals, the provided services identified by staff were in alignment with the individuals' treatment plan goals (SII Q51). For 10 of the 11 individuals, staff responded that the services were helping the individuals' progress towards their employment goals (SII Q52).

- Examples of successes and progress for individuals receiving supported employment or other employment related services included helping individuals to independently submit applications, better manage anxiety, and obtain and maintain employment (SII Q52).
- Ten of the 19 individuals interviewed responded that someone had explained to them how employment may or may not affect their financial benefits (CII Q64). Staff also reported that this topic had been discussed with 10 of the individuals interviewed (SII Q41).
- RCMH offers supported employment services out of their offices in Concord and Franklin. A Supported Employment Fidelity review was completed at RCMH on December 10 and December 11, 2019. RCMH scored an 89 out of a possible 125 points, which brings them into the Fair Fidelity category range of a score between 74-99.

COMMUNITY INTEGRATION, CHOICE AND SOCIAL SUPPORTS

Social networks and community relationships are key contributors to recovery. Studies have shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports. Typically, people with mental illness may have social networks half the size of the networks among the general population. Perceptions of adequate social support are associated with several psychological benefits, including increased self-esteem, feelings of empowerment, functioning, quality of life, and recovery, while the absence of social support appears related to greater psychiatric symptoms, poorer perceptions of overall health, and reduced potential for full community integration.

Quality Indicator 11: Adequacy of Assessment of Social and Community Integration Needs

Quality Indicator 11 corresponds to CMHA section VII.D.1. An assessment of the individual's social and community integration needs provides information to treatment planning team members that helps them determine whether the individual is integrated into his/her community and has choice, increased independence, and adequate social supports.

Nineteen individuals were scored for Quality Indicator 11. RCMH received a score of 97%. Quality Indicator 11 consists of Measure 11a and Measure 11b. Individuals were scored as follows:

	YES	NO
Measure 11a: Assessment identifies individual's related social and community integration needs and preferences	18	1
Measure 11b: Assessment identifies individual's related social and community integration strengths	19	0

Additional Results

- The ANSA includes several domains related to social and community integration needs and strengths. All of the related strength areas of the ANSA were completed for 15 of 19 individuals (CRR Q43). All the related needs areas of the ANSA were completed for all 19 individuals (CRR Q44). The case management assessments are also able to assess for needs related to social and community integration and these needs had been assessed in 18 of 19 case management assessments (CRR Q42).

Quality Indicator 12: Adequacy of Integration within the Community, Choice, Independence, and Social Supports

Quality Indicator 12 corresponds to CMHA section IV.B, IV.C, VII.A, and VII.D.4. An individual is determined to have been integrated into his/her community and to have choice, increased independence, and adequate social supports when he/she has flexible services and supports to acquire and maintain his/her personal, social, and vocational competency in order to live successfully in the community.

Nineteen individuals were scored for Quality Indicator 12. RCMH received a score of 82%. Quality Indicator 12 consists of Measures 12a-12m. Twelve individuals did not have an inpatient psychiatric admission during the period under review and therefore were not applicable for Measure 12c. Three individuals did not have identified needs related to social supports and community integration and therefore were not applicable for Measure 12j. Individuals were scored as follows:

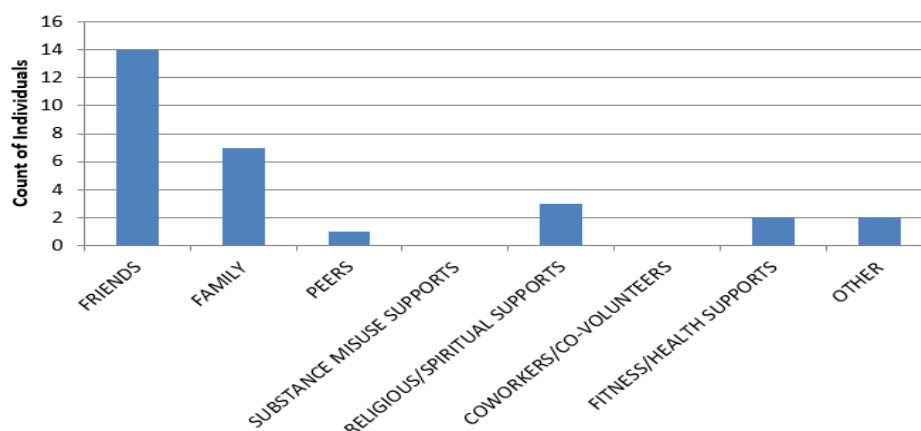
	YES	NO
Measure 12a: Individual is competitively employed	4	15
Measure 12b: Individual lives in an independent residence	14	5
Measure 12c: Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility	4	3
Measure 12d: Individual is integrated in his/her community	13	6

Measure 12e: Individual has choice in housing	16	3
Measure 12f: Individual has choice in his/her treatment planning, goals and services	17	2
Measure 12g: Individual has the ability to manage his/her own schedule/time	19	0
Measure 12h: Individual spends time with peers and /or family	18	1
Measure 12i: Individual feels supported by those around him/her	16	3
Measure 12j: Efforts have been made to strengthen social supports if needed	12	4
Measure 12k (OCR Q7): Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration into the community	19	0
Measure 12l (OCR Q11): Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization	19	0
Measure 12m (OCR Q13): Services are adequate to live in the most integrated setting	19	0

Additional Results

- Fourteen individuals responded they feel a part of their community (CII Q104). Staff responded that 17 of 19 individuals were integrated into their community (SII Q63). Eighteen of 19 individuals were able to identify at least one natural support with whom they spend time, with family and friends being the most frequently mentioned supports (CII Q98). (see Figure 7).

Figure 7: Identified Natural Supports



- Four individuals did not feel that they had an adequate support system (CII Q101) and two of the four individuals felt that RCMH was helping them to improve their support systems (CII Q102). The individuals identified RCMH providing help in areas such as encouraging them to seek opportunities for community involvement and working (CII Q103).
- Two of 19 individuals were unable to identify anyone, aside from CMHC staff, that they go to for support (CII Q96). Three individuals were unable to identify people in their lives who help support them with their treatment and mental health recovery (CII Q99). Three of five individuals felt that family, friends, and/or community did not provide them enough support with their treatment and mental health recovery; two individuals felt that family, friends, and/or community only somewhat provided enough support with their treatment and mental health recovery (CII Q100).
- Eleven of 19 individuals reported that RCMH had given them information about services and supports available to them in the community (CII Q105).
- Individuals are asked about peer related services they are aware of or may have utilized during the past year. Five individuals reported utilizing peer specialist services at the CMHC (CII Q107). Twelve individuals were aware of peer support agencies (CII Q109), and two individuals had accessed the peer support agencies in the past year (CII Q110). Staff reported that two individuals had not been informed about peer support agencies, and staff was not sure if seven individuals had been informed (SII Q67).
- Sixteen individuals had needs related to social support and community integration identified in the ANSA or case management assessments (CRR Q46). Fourteen individuals had these needs addressed by goals in their treatment plans or care plans (CRR Q48, CRR Q49). There was evidence of related services being provided to all 16 individuals with related needs (CRR Q50, CRR Q52).
- Four of seven individuals reported that they restarted communication with their natural support system following their discharge from an inpatient psychiatric admission (CII Q94).
- Individuals are asked several questions related to their independence and their ability to be involved in having choice and making decisions regarding their housing. All four individuals who had moved in the past 12 months reported they had an opportunity to discuss their housing preferences with staff before moving (CII Q35), but three of four individuals were unable to see their current housing before moving (CII Q36). Six of seven individuals who

were currently looking for a different place to live had an opportunity to discuss their current housing preferences (CII Q38) and reported that they had or would have an opportunity to see potential housing options prior to moving (CII Q39). Eighteen of 19 individuals reported that their current housing had most of the things that are important to them in housing (CII Q41).

- Overall, no individuals reviewed were observed to need additional services to support their achieving increased independence and integration into the community (OCR Q7).
- Overall, no individuals reviewed were observed as needing additional services to avoid harms and decrease the incidence of unnecessary hospital contacts (OCR Q11).
- Overall, all individuals reviewed were observed to be receiving the services necessary to live in the most integrated setting (OCR Q13).

CRISIS SERVICES AND SUPPORTS

Crises have a profound impact on persons living with severe mental illness³. A crisis is any situation in which a person's behaviors puts them at risk of hurting themselves or others and/or when they are not able to resolve the situation with the skills and resources available. Mental health crises may include intense feelings of personal distress, obvious changes in functioning, or disruptive life events such as disruption of personal relationships, support systems, or living arrangements. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed his/her treatment or crisis plan and used techniques they learned from mental health professionals. Availability of comprehensive and timely crisis services can serve to decrease the utilization of emergency departments, decrease involvement in the criminal justice system, and increase community tenure. Appropriate crisis services and supports are timely, provided in the least restrictive environment, strengths-based, and promote engagement with formal and informal natural supports.

Quality Indicator 13: Adequacy of Crisis Assessment

Quality Indicator 13 corresponds to CMHA section V.C.1. A crisis assessment/screening is adequate if the assessment was conducted in a timely manner and identifies individual risks, protective factors, and coping skills/interventions.

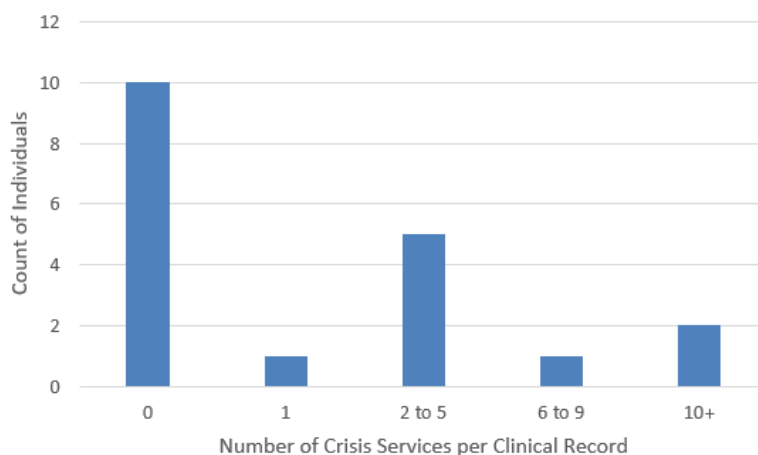
Six individuals were scored for Quality Indicator 13. RCMH received a score of 96%. Quality Indicator 13 consists of Measure 13a, Measure 13b, Measure 13c, and Measure 13d. Of the 19 individuals interviewed, 13 individuals were considered not applicable for Indicator 13 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client *and* the clinical record. Specifically, nine clinical records had documentation of crisis services being provided (CRR Q55) and six individuals endorsed receiving crisis services (CII Q69). When documentation and endorsements were analyzed in the CII and CRR, six individuals could be scored. Some of the additional results below include data from individuals who were not scored, and are offered to provide RCMH with more helpful information. Individuals were scored as follows:

	YES	NO
Measure 13a: Crisis assessment was timely	6	0
Measure 13b: Risk was assessed during crisis assessment	6	0
Measure 13c: Protective factors were assessed during crisis assessment	6	0
Measure 13d: Coping skills/interventions were identified during crisis assessment	5	1

Additional Results

- Documentation in the clinical record indicated that two individuals received 10 or more crisis services in the period under review (CRR Q56) (see Figure 8).

Figure 8: Crisis Services Received by all 19 Individuals in Period Under Review



- All six individuals who endorsed receiving crisis services responded that during a crisis they were “always” able to get help quickly enough from RCMH (CII Q75).
- Documentation of risk assessment was found in all nine crisis notes reviewed (CRR Q57).
- Documentation that protective factors had been assessed was found in all nine crisis notes reviewed (CRR Q57).
- Documentation that coping skills had been assessed was found in three of nine crisis notes reviewed (CRR Q57).
- Five of the six individuals who endorsed receiving crisis services responded that RCMH staff helped them manage while experiencing a crisis (CII Q71).

Quality Indicator 14: Appropriateness of Crisis Plans

Quality Indicator 14 corresponds to CMHA section VII.D.1. An appropriate crisis plan is person-centered and enables the individual to know and understand how to navigate and cope during a crisis situation.

Nineteen individuals were scored for Quality Indicator 14. RCMH received a score of 95%.

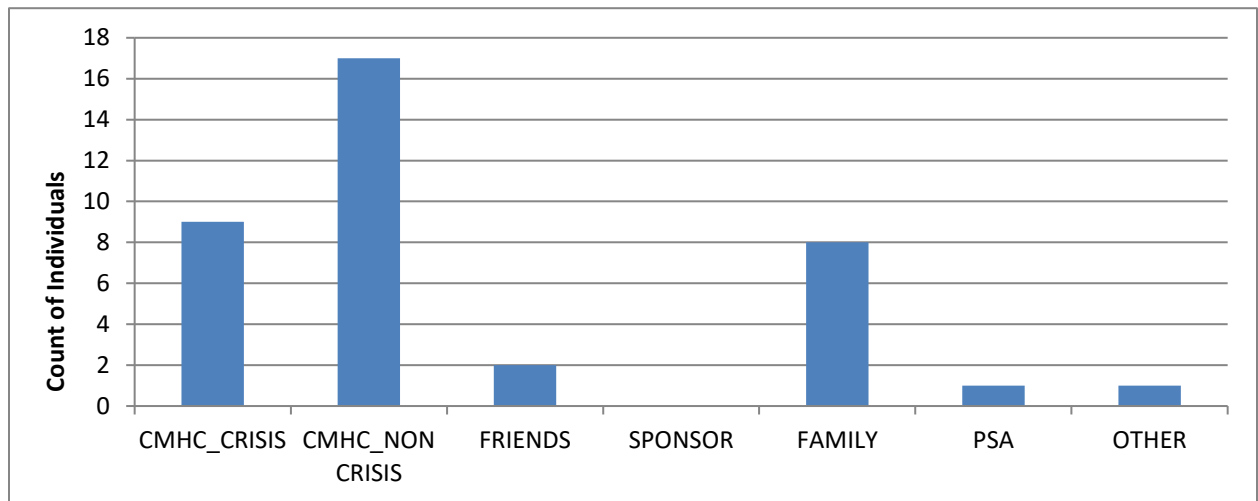
Quality Indicator 14 consists of Measure 14a and Measure 14b.

	YES	NO
Measure 14a: Individual has a crisis plan that is person-centered	19	0
Measure 14b: Individual has a knowledge and understanding of how to navigate and cope during a crisis situation	17	2

Additional Results

- All 19 individuals had crisis plans in their clinical records that were specific to the individual (CRR Q53, CRR Q54).
- Individuals were asked an open-ended question, who they could call if having a mental health crisis. The most common response made by individuals was non-crisis CMHC staff, followed by CMHC crisis/emergency staff and family (CII Q66). Their responses were coded using the following categories (see Figure 9).

Figure 9: Who the Individual Could Call if Having a Mental Health Crisis



Quality Indicator 15: Comprehensive and Effective Crisis Service Delivery

Quality Indicator 15 corresponds to CMHA section V.D.2.f and V.C.1. Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

For an individual to be scored for Quality Indicator 15, documentation of the crisis services received by the individual during the period under review must be found in the clinical record and both the staff and the individual interviewed need to endorse that a crisis service was provided during that period.

Six individuals were scored for Quality Indicator 15. RCMH received a score of 100%. Quality Indicator 15 consists of Measures 15a-15e. Of the 19 individuals interviewed, 13 individuals were considered not applicable for Indicator 15 because they did not use crisis services during the period under review or utilization of crisis services within the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, nine clinical records had documentation of crisis services being provided (CRR Q55). Six individuals endorsed receiving crisis services (CII Q69) and 10 staff endorsed individuals having received crisis services (SII Q53). When documentation and endorsements were analyzed for the CII, SII, and CRR, six

individuals could be scored. Of the six individuals scored, one individual was not applicable for Measure 15b due to struggling to understand the applicable questions well enough to respond, and one individual was not applicable for Measure 15d due to not having utilized mobile crisis during the period under review. Some of the additional results included below include data from individuals who were not scored to provide RCMH with more helpful information. Individuals were scored as follows:

	YES	NO
Measure 15a: Communication with treatment providers during crisis episode was adequate	6	0
Measure 15b: Communication with individual during crisis episode was adequate	5	0
Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable	6	0
Measure 15d: Crisis interventions occur at site of the crisis (if applicable)	5	0
Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning	6	0

Additional Results

- Responses from the individuals who endorsed receiving crisis services about how staff at RCMH helped them manage while experiencing a crisis included staff taking extra time to talk to them and offering suggestions and coping skills, reminding them of their medication management options, guiding them through the hospitalization process, and having peer support available (CII Q71). Individuals who endorsed receiving crisis services were also asked what would have been more helpful, if anything, regarding the crisis services they received (CII Q77). Responses indicated that individuals feel they are getting the support they need and know it is available to them.
- Crisis services were typically provided by RCMH emergency services staff via mobile crisis, even for those individuals receiving ACT (SII Q58). Two individuals had received their most recent crisis service from their therapist.
- All 10 staff who endorsed individuals having received crisis services in the period under review responded they received notification from a treatment provider (rather than directly from the individual, family, or friend) or were the direct provider of the crisis service themselves (SII Q56). Nine of 10 staff received notification within 24 hours (SII Q56), and

nine of 10 staff responded they received all of the information needed regarding the crisis episode (SII Q57).

- All six individuals who endorsed receiving crisis services during the period under review responded they felt supported by staff (CII Q72).
- Five individuals responded that they “always” or “most of the time” had staff explain things in a way that they understood during a crisis (CII Q73). One individual felt unable to answer the question.
- All six individuals responded that they “always” or “most of the time” felt that they had been able to get all the crisis/emergency supports and services they needed from RCMH (CII Q74).
- All six individuals responded that during a crisis they were “always” able to get help quickly enough from RCMH (CII Q75).
- Of the nine clinical records reviewed for crisis services, five records contained documentation that the individual remained in the home/community setting following the most recent crisis service (CRR Q57).
- Of the two individuals who had received 10 or more crisis services during the period under review (CRR Q56), one individual had experienced four inpatient psychiatric admissions during the period under review and one had experienced two admissions (CRR Q68).
- All six individuals who endorsed receiving crisis services during the period under review responded the crisis services received “always” or “most of the time” helped them to feel like they did before the crisis (CII Q76).
- When asked about the steps taken to manage a psychiatric crisis (CII Q70), individuals mentioned using their coping skills such as listening to music, but many specifically mentioned calling Riverbend for help.
- Nine of 10 staff responded that the crisis services helped the individual return to his/her pre-crisis level of functioning (SII Q59). All nine crisis service notes reviewed included the plan for the individual following the crisis service (CRR Q57).
- When individuals were asked if they had anything additional to share regarding crisis services at RCMH (CII Q82), most had nothing to add while one or more individuals had additional comments to add.

“They really help you. Having extended services from five to eight [o’clock] is really helpful.”

“They’re great. I want to go work for them.”

“They are a preventative service. It’s a step before you go to the hospital. Better than going in the hospital. Very positive.”

ACT SERVICES AND SUPPORTS

ACT is characterized by a team approach, in vivo services, a shared caseload, flexible service delivery, and crisis management 24 hours a day, 7 days a week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served. ACT has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with SMI or SPMI. ACT uses a multi-disciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by: (1) low individual to staff ratios, (2) providing services in the community rather than in the office, (3) shared caseloads among team members, (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies), and (6) time-unlimited services.

Direct comparisons to the ACT sample are not made within this report. Rather, data comparing individuals receiving ACT services to those not receiving ACT services is contained in Appendix 6: ACT vs. Non-ACT Indicator Scores.

Quality Indicator 16: Adequacy of ACT Screening

Quality Indicator 16 corresponds to CMHA section VII.D.1. Adequate ACT screening takes place at initiation of CMHC services, during quarterly treatment plan reviews, and upon discharge from emergency room and hospital-based psychiatric treatment. Adequate ACT screening of individuals for appropriateness of services results in timely enrollment of ACT services.

Nineteen individuals were scored for Quality Indicator 16. RCMH received a score of 100%. Quality Indicator 16 consists of Measure 16a and Measure 16b. Individuals were scored as follows:

	YES	NO
Measure 16a: ACT screening was completed	19	0
Measure 16b: Individual receives ACT services when appropriate	19	0

Additional Results

- RCMH staff demonstrated sufficient knowledge regarding ACT criteria, the referral process at RCMH, and how ACT would or would not benefit individuals based on their level of functioning, diagnosis, history of hospitalization, and other factors (SII Q10, SII Q12). It was mentioned that their Franklin office does not have an ACT team.
- All individuals had been screened for ACT (CPD Q16, CRR Q58).
- Of the 19 individuals reviewed, there were no individuals who met ACT criteria who were not on ACT (SII Q11, SII Q13). Of the 12 ACT individuals who were reviewed, all met ACT criteria (SII Q11).

Quality Indicator 17: Implementation of ACT Services

Quality Indicator 17 corresponds to CMHA section V.D.2.b and V.D.2.c. ACT service delivery is adequate when ACT services are provided to the individual at the appropriate intensity, frequency, and duration; use a team approach; occur in the home and/or community; and the individual's ACT team collaborates with community providers. Unlike traditional services, ACT is intended to vary the intensity and frequency of contacts to meet the changing needs of individuals. ACT services may be titrated when an individual needs more or fewer services. For the purposes of Quality Indicator 17, the QSR looks at ACT service delivery at an individual level rather than looking at each component of the ACT program the way an ACT Fidelity Review does.

Twelve individuals were scored for Quality Indicator 17. RCMH received a score of 85%. Quality Indicator 17 consists of Measure 17a, Measure 17b, Measure 17c, and Measure 17d. Of the 19 individuals interviewed, seven individuals were not receiving ACT services and therefore not applicable for scoring. Individuals were scored as follows:

	YES	NO
Measure 17a: ACT services are delivered at appropriate intensity, frequency, and duration	11	1
Measure 17b: ACT services are provided using a team approach	9	3
Measure 17c: ACT services are provided in the home/community	11	1
Measure 17d: ACT team collaborates with community providers	10	2

Additional Results

Twelve individuals were receiving ACT services. Data from the clinical records regarding ACT services was gathered for each individual based on an average of the four complete weeks preceding the QSR review, not including the most recent week:

- Seven individuals had an average minimum of 85 minutes of face-to-face contact with their ACT Team during each of the four complete weeks prior to the QSR; five individuals did not (CRR Q63).
- Six individuals had an average of three or more face-to-face contacts with ACT Team staff per week during each of the four complete weeks prior to the QSR; six individuals did not (CRR Q64).
- Ten individuals responded they received “all” the ACT services they needed from their ACT Team, one individual responded that they “somewhat” received all the ACT services they needed from their ACT Team, and one individual was unable to answer the question (CII Q21).
- All 12 individuals responded they saw their ACT staff as often as they felt was needed (CII Q25).
- Nine individuals had face-to-face contact with an average of more than one different ACT Team staff during each of the four complete weeks prior to the QSR; three individuals did not (CRR Q62).
- Eleven individuals had 60% or more of their ACT services provided in the community; one individual did not (CRR Q65).
- Successful ACT teams have several specific positions/specialties, including a psychiatrist or APRN, psychiatric nurse, employment specialist, master’s level clinician, substance abuse specialist, a team leader, and a peer specialist. At the time of the QSR review, RCMH’s ACT

Teams had greater than 70% of these specific/specialty ACT positions filled (CRR Q66). They were lacking a peer specialist.

- Staff endorsed that they had collaborated with community providers on behalf of 10 of 12 individuals (SII Q18). Staff identified collaborating with a variety of providers and community agencies, including hospitals, DHHS, social security, courts, law enforcement, housing staff, and medical providers.
- Riverbend Community Mental Health underwent an Assertive Community Treatment (ACT) Fidelity review on July 30 and July 31, 2019. Out of a possible total score of 140, Riverbend scored 104, which brings them to the Fair Implementation category of a score between 85-112. Quality improvement plans are developed for all items scoring three or less, and Riverbend has eleven items in this score range. Items that Riverbend scored a 5 on included; Small Caseload, Staff Capacity, Program Size, Explicit Admission Criteria, Intake Rate, Full Responsibility of Services, Time-unlimited Graduation Rate, Community Based Services, No Dropout Policy, Assertive Engagement Mechanisms, and Intensity of Services. The items that Riverbend scored the lowest on (score of 1) were, Working with Informal Support Systems and the Role of Consumers on Team. Currently, the Riverbend Community Mental Health Center ACT team is focusing on improving the following items; Team Approach, Frequency of Contact, Working with Informal Support Systems, and the Role of Consumer on Team.

TRANSITION/DISCHARGE FROM INPATIENT PSYCHIATRIC SETTINGS

Per the CMHA, VII.C.1, the state will collect information related to both successful and unsuccessful transitions process. Successful transitions are interrelated with other QSR quality indicators regarding housing, CMHC and community supports, crisis services, and employment services. Successful transition from inpatient psychiatric care to outpatient services requires care coordination that supports health, safety, and welfare.

Quality Indicator 18: Successful transition/discharge from an inpatient psychiatric facility

Quality Indicator 18 corresponds to CMHA section VI.A.7. A transition is considered successful when the individual was involved in the discharge planning process, in-reach by the community mental health center occurred, the individual returned to appropriate housing, service provision

has the outcome of increased community integration, coordination of care occurred, and the individual was not readmitted to an inpatient psychiatric facility within 90 days.

Seven individuals were scored for Quality Indicator 18. RCMH received a score of 80%. Quality Indicator 18 consists of Measures 18a-18g. Of the 19 individuals interviewed, 12 individuals were considered not applicable for Indicator 18 because they did not have an inpatient psychiatric admission during the period under review or an inpatient psychiatric admission during the period under review was not endorsed by the client, the staff, *and* the clinical record. Specifically, seven clinical records had documentation of an inpatient psychiatric admission during the period under review (CRR Q67). Seven individuals endorsed an inpatient psychiatric admission during the period under review and seven staff endorsed an inpatient psychiatric admission during the period under review. When documentation and endorsements were analyzed for the CII, SII, and CRR, seven individuals could be scored. Individuals were scored as follows:

	YES	NO
Measure 18a: Individual was involved in the inpatient psychiatric facility discharge planning process	6	1
Measure 18b: In-reach occurred between the community mental health center and the inpatient psychiatric facility and/or individual	7	0
Measure 18c: Individual returned to appropriate housing following inpatient psychiatric discharge	6	1
Measure 18d: Service provision following inpatient psychiatric discharge has the outcome of increased community integration	2	5
Measure 18e: Coordination of care was adequate during inpatient psychiatric admission/discharge	6	1
Measure 18f: Absence of 90 day readmission to an inpatient psychiatric facility	5	2
Measure 18g (OCR Q11): Services are adequate to avoid harms and decrease incidence of unnecessary hospital contacts and/or institutionalization	7	0

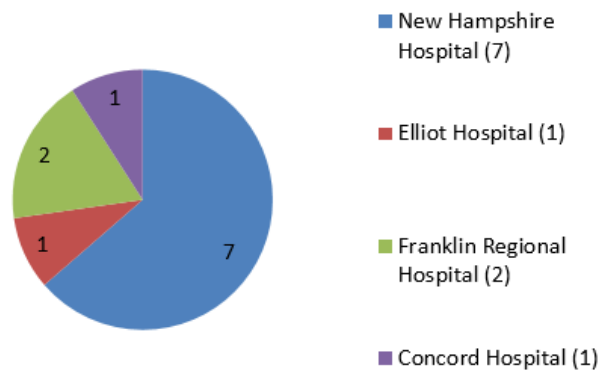
Additional Results

- According to the clinical record, 11 inpatient admissions occurred during the period under review. Of the seven individuals who had a psychiatric admission, one individual had four

distinct admissions, one individual had two, and five individuals had one distinct admission (CRR Q67, CRR Q68).

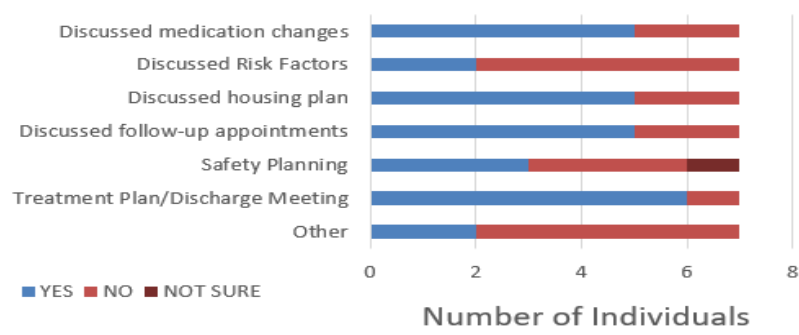
- Seven admissions were at New Hampshire Hospital (CRR Q69) (see Figure 10).

Figure 10: Inpatient Psychiatric Admissions



- Six of seven individuals who endorsed an inpatient psychiatric admission during the period under review reported being involved in their discharge planning (CII Q85), and evidence of the individual's involvement was found in all seven clinical records (CRR Q76). Those individuals who endorsed being involved in their discharge planning process identified having participated in the following activities to plan their return home (CII Q85) (see Figure 11).

Figure 11: Individual's Involvement in Discharge Planning



- In-reach and communication between RCMH and the psychiatric facility and/or individual occurred for all seven individuals who were scored (CRR Q71, CRR Q72, CII Q89, SII Q74).

- One of seven individuals returned to housing that was not appropriate (CII Q92, SII Q71). There were concerns about being discharged back into home settings that were unhealthy, for example an individual was discharged to a home setting in which there were known individuals who were drinking when drinking had been identified as an issue for the individual (CII Q90).
- No individual who endorsed an inpatient psychiatric admission during the period under review recalled talking with a community provider about services in the community prior to discharge (CII Q83); one individual responded that he/she visited a community program prior to his/her discharge (CII Q84).
- One of the seven individuals who endorsed an inpatient psychiatric admission during the period under review felt that returning home after his/her discharge significantly disrupted his/her normal routine (CII Q93 and CII Q95). The individual reported increased anger, irritation, and anxiety, as well as an increase in violent behavior following his/her discharge (CII Q93, SII Q75).
- The clinical record contained discharge instructions for all seven individuals who had an inpatient psychiatric admission during the period under review (CRR Q70); staff endorsed that six of seven individuals had appointments with RCMH scheduled prior to discharge (SII Q73), and according to the clinical record, six of seven individuals attended an appointment with RCMH within seven days of discharge (CRR Q73). The amount of time between discharge and the individual's first appointment with RCMH ranged from the same day of discharge to 21 days from discharge.
- According to the clinical record, two of seven individuals who had an inpatient psychiatric admission during the period under review had a readmission within 90 days (CRR Q69).
- Overall, all individuals reviewed were observed to be receiving adequate services and supports to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

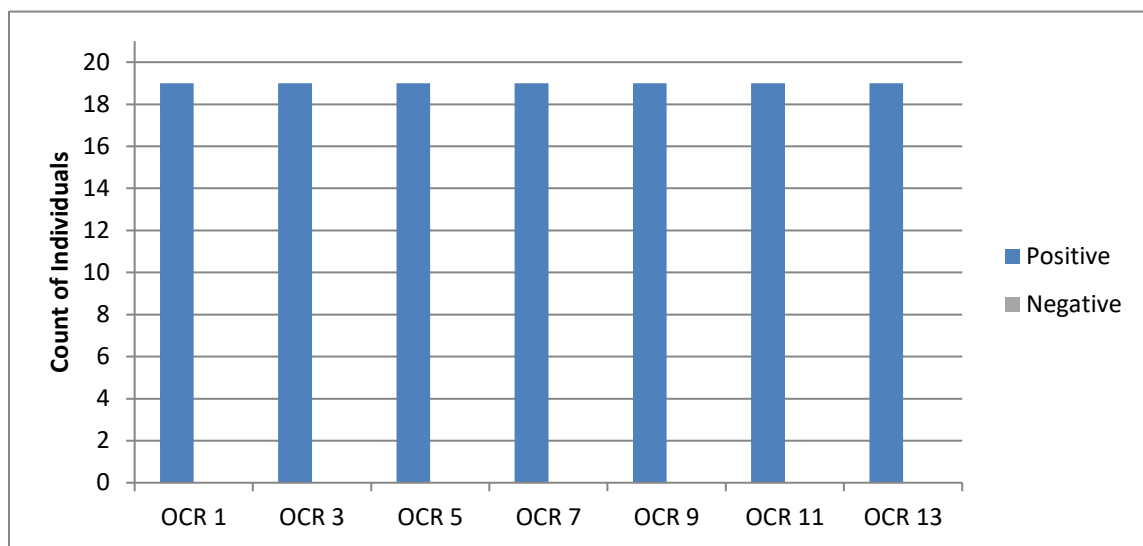
Overall Client Review

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions (see Appendix 7: Overall Client

Review) intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes and, when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview, and/or the staff interview. Additionally, clients are asked about their overall satisfaction with the CMHC and if they have anything additional to add to their interview responses (CII Q113, CII Q114).

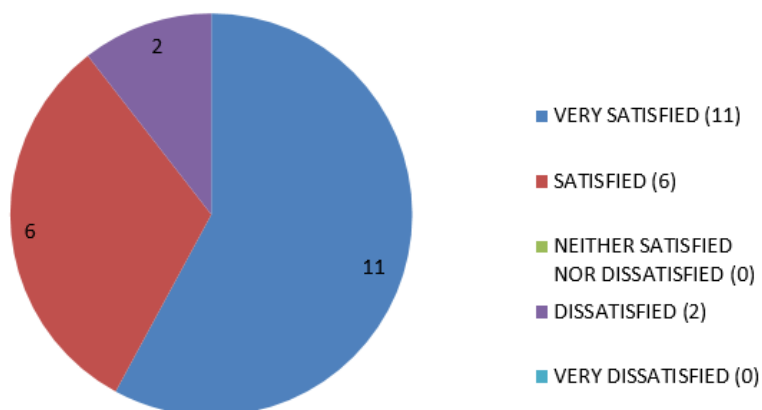
All 19 individuals reviewed achieved all the OCR outcomes (see Figure 12).

Figure 12: Overall Client Review Results



The majority of individuals were satisfied with the services they were receiving (CII Q113) (see Figure 13).

Figure 13: Overall Client Satisfaction



Some of the additional comments/opinions provided by individuals are included below (CII Q114):

“I think they are on top of everything. I have been on the ACT team for five years. If it wasn’t for the ACT [team], I would struggle.”

“I wouldn’t be sober today. I wouldn’t be attempting to get a job.”

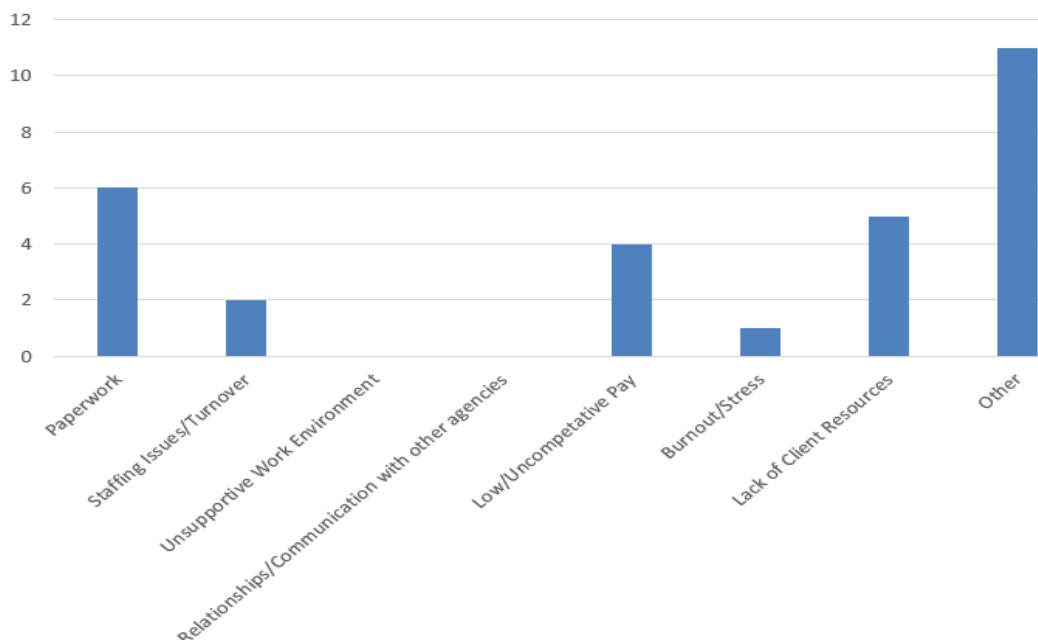
“I’m just happy I’m here. I seem to be doing so well because I am here.”

RCMH STAFF FEEDBACK SECTION

Staff are asked several questions regarding the overall challenges and positive aspects of working at the mental health center as well as their thoughts and opinions regarding the mental health delivery system in the State of New Hampshire (SII Q84, SII Q85, SII Q86).

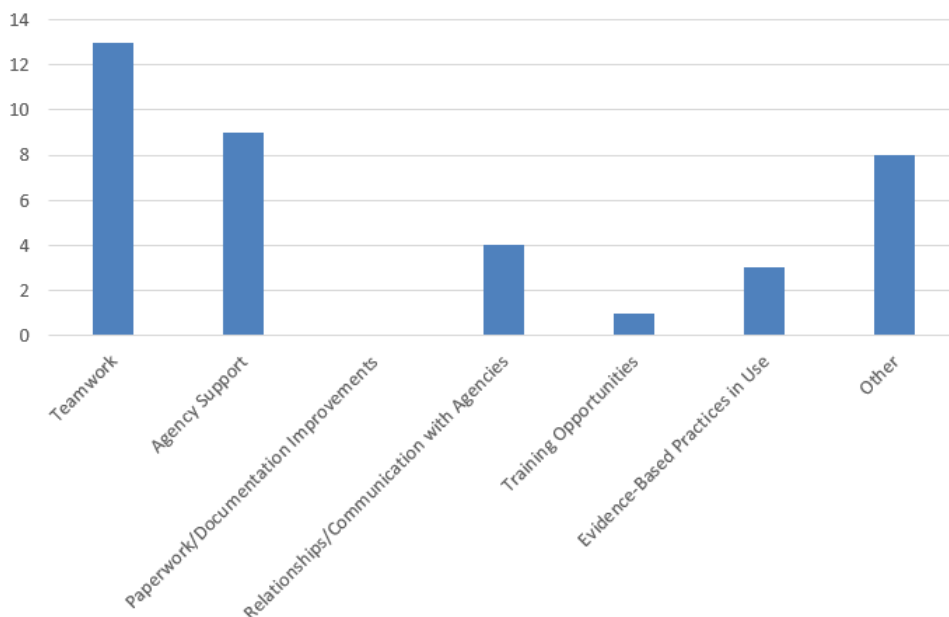
Staff are asked about the barriers, challenges, and gaps they may face at RCMH (SII Q84). There was a common theme was staffing issues, technology issues, documentation burdens and funding issues (see Figure 14).

Figure 14: RCMH Barriers, Challenges, Gaps



Regarding what is working well at RCMH and the services provided to individuals, there was an obvious theme of RCMH staff feeling supported by their teammates (SII Q85) (see Figure 15).

Figure 15: “What’s Working Well at RCMH”



When asked more generally about the mental health delivery system in New Hampshire, the lack of available services and lack of funding were mentioned by several staff (SII Q86).

VI. CMHA Substantive Provisions

New Hampshire’s CMHCs provide mental health services to individuals through contract with the State. As such, compliance with certain provisions of the CMHA and achievement of identified outcomes is determined through the evaluation of the services provided by the CMHCs. The following conclusions regarding the RCMH’s achievement of the CMHA provisions and outcomes is based on the quantitative and qualitative data collected during the QSR, ACT fidelity reviews, SE fidelity reviews, BMHS contract monitoring info, and information from DHHS databases.

1. Crisis Services Outcomes

- a. **Provision V.C.1(c)** - Stabilize individuals as quickly as practicable and assists them in returning to their pre-crisis level of functioning.

- i. **Conclusion:** RCMH met this provision as evidenced by Measure 15e where all six individuals (100%) who received a crisis service were assisted with returning to their pre-crisis level of functioning.
- b. **Provision V.C.1.d** - Provide interventions to avoid unnecessary hospitalization, incarceration, and/or DRF, APRTP, emergency room, or nursing home admission.
 - i. **Conclusion:** RCMH met this provision as evidenced by a score of 94% for the Crisis domain and OCR Q11, where all 19 individuals reviewed (100%) were determined to be receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts.

2. ACT Outcomes

- a. **Provision V.D.2 (b)** - ACT services are able to deliver comprehensive, individualized, and flexible services to meet the needs of the individual.
 - i. Compliance with Provision V.D.2 (b) is based on Quality Indicator 3, Quality Indicator 17, and the number of individuals meeting OCR Q1, OCR Q3, and OCR Q5.
 - ii. **Conclusion:** RCMH met this provision as evidenced by the following:
 - 1. For Quality Indicator 3: Adequacy of Individual Service Delivery of those individuals receiving ACT services, RCMH scored 96%.
 - 2. A score of 85% for Quality Indicator 17: Implementation of ACT Services.
 - 3. All 12 individuals receiving ACT services received services consistent with the individual's demonstrated need (OCR Q1).
 - 4. All 12 individuals receiving ACT services did not have indication of needing additional services that had not already been identified in either the assessment and/or treatment plan (OCR Q3).
 - 5. All 12 individuals receiving ACT services received all of the services and supports they needed to ensure their health, safety, and welfare (OCR Q5).
- b. **Provision V.D.2 (c)** - ACT services are customized to an individual's needs and vary over time as needs change, and provide a reasonable opportunity to live independently in the community.
 - i. Compliance with Provision V.D.2 (c) is based on Quality Indicator 2: Appropriateness of Treatment Planning, Quality Indicator 5: Appropriateness of Housing Treatment Planning, Quality Indicator 6: Adequacy of Individual Housing Service Delivery,

Quality Indicator 7: Effectiveness of Housing Services Provided, Quality Indicator 9: Appropriateness of Employment Treatment Planning, Quality Indicator 10: Adequacy of Individual Employment Service Delivery, Quality Indicator 12: Individual is Integrated into his/her Community, Has Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** RCMH met this provision as evidenced by the following:

1. Those receiving ACT services had a total average score of 94% for the Quality Indicators 2, 5, 6, 7, 9, 10, and 12.
2. All 12 individuals receiving ACT services received adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration in the community (OCR Q7).
3. All 12 individuals receiving ACT services received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
4. All 12 individuals receiving ACT services received adequate services to live in the most integrated setting (OCR Q13).

c. **Provision V.D.2 (f)** - ACT services de-escalate crises until the crises subside without removing the individuals from their homes and/or community programs.

- i. **Conclusion:** RCMH met this provision as evidenced by an average score of 92% for the Crisis domain for individuals receiving ACT services.

3. **Supported Housing Outcomes**

a. **Provision V.E.1** - Supported housing meets individuals' needs.

- i. **Conclusion:** RCMH met this provision as evidenced by a score of 95% for Quality Indicator 5: Appropriate Housing Treatment Planning and a score of 100% for Quality Indicator 6: Adequate Individual Housing Service Delivery.

b. **Provision V.E.1 (a)** - Support services enable individuals to attain and maintain integrated affordable housing, and are flexible and available as needed and desired.

- i. **Conclusion:** RCMH met this provision as evidenced by a score of 94% for the Housing domain and OCR Q9, where all 19 individuals reviewed (100%) received services adequate to obtain and maintain stable housing (OCR Q9).

4. Supported Employment Outcomes

- a. **Provision V.F.1 (part 1)** - Provide supported employment services consistent with the Dartmouth evidence-based model.
 - i. **Conclusion:** RCMH met this provision as evidenced by the Supported Employment Fidelity Review in December 2019. RCMH underwent a Supported Employment Fidelity review during December 10 and December 11, 2019. Out of a possible total score of 125, RCMH scored an 89, which brings them to the Fair Fidelity category range of a score between 74-99.
- b. **Provision V.F.1 (part 2)** - Provide supported employment services in the amount, duration, and intensity to allow the opportunity for individuals to work the maximum number of hours in integrated community settings consistent with their individual treatment plan.
 - i. **Conclusion:** RCMH met this provision as evidenced by a score of 95% for Quality Indicator 10: Adequacy of Individual Employment Service Delivery.

5. Family Support Programs Outcome

- a. **Provision V.G.1** - The State will have an effective family support program to meet the needs of families of individuals throughout the State.
 - i. **Conclusion:** While the Family Support Program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services NAMI NH provides in Region IV.
 1. In SFY19, NAMI NH provided a variety of support groups including:
 - NAMI NH Concord Family Support Group for those with an adult loved one living with mental illness. This group meets monthly with an average attendance of 17 individuals.
 - NAMI NH Concord-based Parent Support Group for parents/caregivers of children/youth with serious emotional disturbance. This group suspended meetings during the first quarter due to low attendance.
 - Survivors of Suicide Loss Support Group in Concord. This group has approximately 18 participants at any given time.
 - Two Facebook Support Groups: one for parents/caregivers of youth with serious emotional disturbance with a total of 504 members, of whom 143 were

new members during the reporting period, and one for family members with an adult loved one living with mental illness with a total of 708 members, of whom 209 were new to the group during the reporting period. While it is difficult to ascertain exactly how many members live in each town, NAMI NH is aware that there are members who reside in Region IV.

2. NAMI NH provided one-to-one support to a total of 75 Region IV families in SFY19: 22 families with an adult loved one living with mental illness, 50 families with children with serious emotional disturbance, and three caregivers of older adults.
3. NAMI NH responded to 168 Information and Resource contacts in SFY19.

6. Peer Support Programs Outcome

- a. **V.G.2** - The State will have an effective peer support program to help individuals develop skills in managing and coping with symptoms of illness, in self-advocacy, and in identifying and using natural supports. The peer support program will train peers who have personal experience with mental illness and recovery to deliver the peer services and supports.
 - i. **Conclusion:** While the peer support program is outside the purview and scope of the QSR, the following information is provided by BMHS contract monitoring. This provision is met as evidenced by the services Concord Peer Support provided in Region IV.
 1. Concord Peer Support is the peer support agency serving the catchment area of the Riverbend Mental Health Center with offices located in Concord.
 2. Peer supports and services include: individual and group peer support, peer advocacy, rights advocacy, outreach, telephone support, Wellness Recovery Action Plan training, monthly newsletters, fundraising, educational events, and assistance with educational and vocational pursuits. In SFY19, Concord Peer Support offered the following groups and educational events:
 - i. Creative inspirations
 - ii. Boundaries
 - iii. Respectful communication
 - iv. Personal strengths

- v. Dealing with emotions
 - vi. IPS world view
 - vii. Power of language
 - viii. Facilitation 101
 - ix. Thinking habits
 - x. WRAP
 - xi. Affirmations
 - xii. The three principles
 - xiii. Self-advocating
 - xiv. Self esteem
 - xv. Personal responsibility
 - xvi. How are you thriving?
 - xvii. Making connections
 - xviii. Assert yourself
3. For SFY19, various Concord Peer Support staff were trained in Intentional Peer Support and Wellness Recovery Action Planning
 4. Concord Peer Support had 80 unique members/participants attend during the fiscal year with an average daily attendance of eight.
 5. Concord Peer Support received 314 calls for peer support and made an additional 256 outreach calls.
 6. Two of 19 individuals interviewed stated they had utilized a peer support agency in the past 12 months (CII Q110).

7. Community Integration Outcome

- a. **Provision IV.B and VII.A** - Provide services, programs, activities in the most integrated setting appropriate to meet needs and are sufficient to provide reasonable opportunities to help individuals achieve increased independence and gain greater integration into the community.
 - i. Compliance with Provision IV.B. and VII.A is based on Measure 3b: Service Delivery is flexible to meet individual's changing needs and goals; Measure 7a: Housing Supports and services enable individual to meet/progress towards identified housing goals; Quality Indicator 12: Individual is Integrated into his/her Community, Has

Choice, Increased Independence, and Adequate Social Supports; and the number of individuals meeting OCR Q7, OCR Q11, and OCR Q13.

ii. **Conclusion:** RCMH met this provision as evidenced by:

1. The average of individuals who scored “Yes” for Measure 3b (17 of 19 individuals received services that were flexible to meet their changing needs and goals) and Measure 7a (all 19 individuals received housing supports and services to enable them to meet/progress toward their identified housing goals) was 95%.
2. For Quality Indicator 12, RCMH scored 82%.
3. All 19 individuals reviewed (100%) received adequate services that provide reasonable opportunities to support the individual to achieve increase independence and integration in the community (OCR Q7).
4. All 19 individuals reviewed (100%) received adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).
5. All 19 individuals reviewed (100%) received adequate services to live in the most integrated setting (OCR Q13).

8. Health, Safety and Welfare Outcome

- a. **Provision VII.A** - Ensure individuals are provided with the services and supports they need to ensure their health, safety, and welfare. Health, safety, and welfare are implicit through the totality of the Quality Service Review process.
 - i. **Conclusion:** RCMH met this provision as evidenced by an average score of 88% for the seven domains and OCR Q5, with all 19 individuals (100%) receiving all of the services and supports they need to ensure health, safety, and welfare.

9. Obtain and Maintain Stable Housing Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to help individuals obtain and maintain stable housing.
 - i. **Conclusion:** RCMH met this provision as evidenced by a score of 94% for the Housing domain.

10. Avoid Harms and Decrease the Incidence of Hospital Contacts and Institutionalization Outcome

- a. **Provision VII.A** - Services and supports are of good quality and sufficient to provide reasonable opportunities to avoid harms and decrease the incidence of hospital contacts and institutionalization.
 - i. Compliance with Provision VII.A is based on the rate of re-hospitalizations (CRR Q69), the Crisis domain, and OCR Q11.
 - ii. **Conclusion:** RCMH met this provision as evidenced by five of the seven individuals who experienced an inpatient psychiatric admission (71%) were not re-hospitalized within 90 days (CRR Q69), for the Crisis domain, RCMH received a score of 94%, and, all 19 individuals (100%) received services adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization (OCR Q11).

VII. Areas in Need of Improvement

RCMH scored above the 80% threshold for 17 of the 18 quality indicators. Based on the QSR data, the following indicator scored below the 80% threshold and is identified for incremental improvement over the next year:

1. *Increase the percentage of individuals receiving adequate employment assessments/screenings* (Quality Indicator 8).

For additional information and data related to these areas in need of improvement, please reference Section V. “RIVERBEND COMMUNITY MENTAL HEALTH QSR Findings” and the “Additional Results” listed under the respective quality indicator.

VIII. Next Steps

Within 30 calendar days of receipt of this final report, Riverbend Community Mental Health is to complete and submit the DHHS Quality Improvement Plan (QIP) template for review by the BMHS Administrator of Operations and the BQAI Program Planning and Review Specialist.

IX. Addendum

During a 15-day review period, River bend Community Mental Health had an opportunity to review the QSR initial report and submit corrections and/or information for DHHS’s consideration prior to the issuance of this final report. RCMH submitted no further information or corrections for DHHS review.

In the introductory paragraph to Quality Indicator 15 on page 33, the Department discovered that an explanation for the reason that five rather than six individuals were counted for Measure 15b had been inadvertently omitted from the text. This paragraph was expanded in the final version of the report to include the following information: Of the six individuals scored, *one individual was not applicable for Measure 15b due to struggling to understand the applicable questions well enough to respond.*

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3. SAMHSA, “Practice Guidelines: Core Elements in Responding to Mental Health Crises”,
Rockville, Maryland, SAMHSA 2009
4. Temple University Collaborative on Community Inclusion, “Natural Supports”,
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Appendices

Appendix 1: List of CMHC QSR Instruments

1. Client Profile-CMHC

A Client Profile is completed by the CMHC prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information regarding demographics, eligibility, inpatient psychiatric admission(s), CMHC crisis services contacts, ACT, SE, legal involvement, accommodation(s) needed, guardian status, and information for reviewers to know that will help make the interview successful.

2. Client Profile-DHHS

The Client Profile-DHHS is developed by a DHHS Data Analyst and is completed prior to the beginning of the on-site portion of the QSR for each individual scheduled to be interviewed. It provides information on the frequency of services provided to each individual including ACT, SE and crisis services. It also includes admission and discharge dates of inpatient psychiatric admissions at New Hampshire Hospital or any of the other Designated Receiving Facilities (DRF).

3. CMHC Profile

The CMHC Profile is completed by the CMHC prior to the start of the on-site review portion of the QSR. The profile provides overview information that helps the QSR reviewers become familiar with the CMHC. The profile includes descriptive information about the services the CMHC offers to eligible adults and identifies evidence based services, crisis services, available community supports, general practices and staffing information.

4. Clinical Record Review (CRR)

A CRR is completed by the QSR review team, either remotely or during the on-site portion of the QSR, for each individual scheduled to be interviewed. The CRR includes domains on assessment and treatment planning, provision of services and supports, ACT, job related services, housing supports, crisis services, natural supports, and transitions from Glencliff Home or inpatient psychiatric admissions.

5. Client Interview Instrument (CII)

A CII is completed during the on-site portion of the QSR for each individual interviewed. An individual may be accompanied by his/her guardian or someone else that the individual has indicated would be a support. The CII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. A final question invites individuals to share additional information about their experiences at the CMHC and the services they received.

6. Staff Interview Instrument (SII)

For each individual interviewed, an SII is completed with a staff person selected by the CMHC who is familiar with the individual, his/her treatment plan, the services he/she receives at the CMHC and activities that he/she participates in outside of the CMHC. The SII includes sections on treatment planning, services provided, ACT, SE and job related services, housing supports, crisis services, natural supports and transitions from inpatient psychiatric admissions. Final questions invite staff to share additional information regarding the CMHC and the services provided to the individual.

7. Overall Client Review (OCR)

Upon the completion of the clinical record review, client interview, and staff interview, an Overall Client Review (OCR) is completed by the QSR Review Team for each individual assigned to that team. The OCR consists of 14 questions intended to capture an overall determination of whether the services received by the individual adequately allow him/her to meet the CMHA outcomes, and when applicable, provide a description of what was not adequate as evidenced by information gathered from the clinical record review, the client interview and the staff interview.

Appendix 2: Indicator 1 Scoring Example

Client	SAMPLE		1	1a										1b			1c				1d					
			Adequacy of Assessment	Assessments identify individual's needs and preferences										Assessments identify individual's strengths				Assessment information was gathered through face to face appointment(s)		Assessments and TX plans have adequately identified service needs						
	ACT	IPA	79%	YES	NO	NA	CR R	CRR Q4	CR R	CR R	CRR Q10	SII Q3	YES	NO	NA	CR R	CR R	CII Q4	YES	NO	NA	SII Q2	YES	NO	NA	OCR Q3
Apple	NO ACT	IPA	100%	X		0	YES	YES	YES	0	YES	YES	X		0	YES	0	NO	X		0	YES	X			NO
Blossom	ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Cherry	ACT	IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
Dahlia	NO ACT	IPA	25%		X	0	YES	NO	NO	NO EVID	YES	YES		X	0	NO	0	NO	X		0	YES		X		YES
Echinacea	NO ACT	NO IPA	100%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES	X		0	YES	X			NO
Flowers	ACT	NO IPA	75%	X		0	YES	YES	YES	0	YES	NO	X		0	YES	0	YES		X	0	NO	X			NO
N=6			475	5	1		6Y/ON	5Y/1N	5Y/1N		6Y/ON	2Y/4N	5	1		5Y/1N	4Y/2N	4	2		4Y/2N	5	1	1 YES=		
			NonACT= 75%																						5 No=	
			ACT= 83%																							

Appendix 3: CMHC QSR Abbreviated Master Instrument

ASSESSMENT/TREATMENT PLANNING/SERVICE DELIVERY	
1	Adequacy of assessment (CMHA VII.D.1)
1a	Assessments identify individual's needs and preferences.
1b	Assessments identify individual's strengths.
1c	Assessment information was gathered through face to face appointment(s) with the individual
1d	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
2	Appropriateness of treatment planning (CMHA VII.D.1; V.D.2.f)
2a	Treatment planning is appropriately customized to meet the individual's needs and goals
2b	Treatment planning is person-centered and strengths based
2c	OCR Q3 Assessments and treatment plans have adequately identified service needs
3	Adequacy of Individual service delivery (CMHA VII.D.1; V.D.2.b; V.D.2.c)
3a	Services are delivered with appropriate intensity, frequency, and duration
3b	Service delivery is flexible to meet individual's changing needs and goals
3c	Services are delivered in accordance with the service provision(s) on the treatment plan
3d	OCR Q1 Frequency and intensity of services are consistent with the individual's demonstrated need
3e	OCR Q3 Additional services are needed that have not been identified in assessments or on the treatment plan
3f	OCR Q5 Services and supports ensure health, safety, and welfare
HOUSING SERVICES AND SUPPORTS	
4	Adequacy of housing assessment (CMHA VII.D.1)
4a	Individual needs are adequately identified
5	Appropriateness of housing treatment planning (CMHA V.E.1.a)
5a	Treatment Plans are appropriately customized to meet the individual's housing needs and goals
6	Adequacy of individual housing service delivery (CMHA IV.B; V.E.1.a; VII.D.1,4)
6a	Housing support services are provided with appropriately intensity, frequency, and duration to meet individual's changing needs and goals
6b	Housing supports and services are provided at the intensity, frequency, and duration as seen necessary by the individual
6c	OCR Q9 Services are adequate to obtain an maintain stable housing

- | | |
|----|---|
| 7 | Effectiveness of the housing services provided (CMHA VII.A) |
| 7a | Housing Supports and services enable individual to meet/progress towards identified housing goals |
| 7b | Housing supports and services enable individual to maintain safe housing |
| 7c | Housing supports and services enable individual to maintain stable housing |
| 7d | Housing supports and services enable individual to be involved in selecting their housing |
| 7e | OCR Q9 Services are adequate to obtain and maintain stable housing |

EMPLOYMENT SERVICES AND SUPPORTS

- | | |
|-----|--|
| 8 | Adequacy of employment assessment/screening (CMHA VII.D.1) |
| 8a | Individual needs are adequately identified |
| 8b | Individuals received a comprehensive assessment of employment needs and preferences when applicable. |
| 9 | Appropriateness of employment treatment planning (CMHA V.F.1) |
| 9a | Treatment plans are appropriately customized to meet the individual's changing needs and goals |
| 10 | Adequacy of individual employment service delivery (CMHA IV.B; V.F.1; VII.B.1, 4; VII.D.4) |
| 10a | Service delivery is provided with the intensity, frequency, and duration needed to meet the individual's changing needs employment needs |
| 10b | Employment Services and supports are meeting individual's goals |

COMMUNITY INTEGRATION, CHOICE, AND SOCIAL SUPPORTS

- | | |
|-----|---|
| 11 | Adequacy of Assessment of social and community integration needs (CMHA VII.D.1) |
| 11a | Assessment identifies individuals' related needs and preferences |
| 11b | Assessment identifies individuals' related strengths |
| 12 | Individual is integrated into his/her community, has choice, increased independence, and adequate social supports (CMHA IV.B,C; VII.A; VII.D.4) |
| 12a | Individual is competitively employed |
| 12b | Individual lives in an independent residence |
| 12c | Individual (re)starts communication with natural support upon discharge from an inpatient psychiatric facility |
| 12d | Individual is integrated in his/her community |
| 12e | Individual has choice in housing |
| 12f | Individual has choice in their treatment planning, goals and services |
| 12g | Individual has the ability to manage his/her own schedule/time |
| 12h | Individual spends time with peers and/or family |

12i	Individual feels supported by those around him/her
12j	Efforts have been made to strengthen social supports if needed
12k	OCR Q7 Services are adequate to provide reasonable opportunities to support the individual to achieve increased independence and integration in to the community
12l	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization
12m	OCR Q13 Services are adequate to live in the most integrated setting
CRISIS SERVICES AND SUPPORTS	
13	Adequacy of crisis assessment (CMHA V.C.1)
13a	Assessment was timely
13b	Risk was assessed
13c	Protective factors were assessed
13d	Coping skills/interventions were identified
14	Appropriateness of crisis plans (CMHA VII.D.1)
14a	Individual has a crisis plan that is person centered
14b	Individual has a knowledge and understanding of how to navigate and cope during a crisis situation
15	Comprehensive and effective crisis service delivery (CMHA V.D.2.f; V.C.1)
15a	Communication with treatment providers was adequate
15b	Communication with individual was adequate
15c	Crisis service delivery is sufficient to stabilize individual as quickly as practicable
15d	Crisis interventions occur at site of the crisis (if applicable)
15e	Individual is assisted to return to his/her pre-crisis level of functioning
ACT SERVICES AND SUPPORTS	
16	Adequacy of ACT screening (CMHA VII.D.1)
16a	ACT screening was completed
16b	Individual receives ACT services when appropriate
17	Implementation of ACT Services (CMHA V.D.2.b; V.D.2.c)
17a	ACT services are delivered at appropriate intensity, frequency, and duration
17b	ACT services are provided using a team approach
17c	ACT services are routinely provided in the home/community
17d	ACT team collaborates with community providers
IPA TRANSITION/DISCHARGE	

18	Successful transition/discharge from inpatient psychiatric facility (CMHA VI. A.7)
18a	Individual was involved in the discharge planning process
18b	There was In-reach by the community mental health center
18c	Individual returned to appropriate housing
18d	Service provision has the outcome of increased community integration
18e	Coordination of care
18f	Absence of 90 day readmission to an inpatient psychiatric facility
18g	OCR Q11 Services are adequate to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization

Appendix 4: Agency Overview

Riverbend Community Mental Health (RCMH) was established in 1964 as a non-profit community-based mental health provider serving the needs of children, adolescents, adults and their families. RCMH is designated a Community Mental Health Program for Region IV, encompassing 30 cities and towns in Merrimack County, and approved from September 1, 2019 through August 31, 2024 as a Community Mental Health Program (CMHP) per the State of New Hampshire Administrative Rule He-M 403.

RCMH has five offices and two residential programs in the Concord area, a residential program in Boscaawen, and an office in Franklin that serves adults with severe (SMI) or severe and persistent mental illness (SPMI). RCMH provides a range of services including intake, psychiatric, diagnostic, medication, and crisis/emergency assessments; individual, group, and family psychotherapy; and targeted case management. RCMH offers Evidenced Based Practices (EBPs) & Best Practices such as Assertive Community Treatment (ACT), Supported Employment (SE), Illness Management and Recovery (IMR), and Dialectical Behavior Therapy (DBT). RCMH's In-SHAPE health mentoring and development program aims to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness. RCMH's CHOICES substance use treatment includes peer recovery support and an Intensive Outpatient Program (IOP). RCMH's Restorative Partial Hospital (RPH) "Step-Up" promotes independence, healthy interpersonal relationships, improved living and residential stability, and instills confidence and comfort in the community.

This past year RCMH opened a pharmacy service in the Concord location to increase and ensure access to medications for clients. RCMH opened a psychiatric Crisis Treatment Center (CTC) in May 2019. The CTC is a walk-in center for mental health crises, peer support, and emergency medications.

RCMH's Mobile Crisis Team provides community assessment and intervention for adults with psychiatric crises. The Mobile Crisis apartments provide an alternative to a hospital admission for those who are appropriate for a lower level of care, who may benefit from respite and interaction with staff including Peer Support Specialists, and a length of stay less than seven days.

RCMH's Integrated Primary Care Program, a reverse integration model operating since 2015, completed the federal grant phase and now partners with Concord Hospital for sustainability. There have been numerous positive outcomes for both physical and mental health for the client population including reduced psychiatric admissions and increased tobacco cessation.

RCMH has an array of housing services. RCMH's Projects for Assistance in Transition from Homelessness (PATH) outreach provides services to people who are either homeless or at risk for homelessness, and may have SMI and a co-occurring substance use disorder. Twitchell House in Concord is a 15-bed residential treatment program for SPMI adults with medically complex comorbidities, whose symptoms interfere with their daily functioning and require a 24-hour staffed residence setting. Fayette Street Housing in Concord provides safe, affordable and supportive housing to 10 RCMH consumers with staff available 16 hours per day. The Mill House program in Boscawen consists of 19 private apartments for RCMH consumers with low-income who are in need of moderate levels of staff support (16 hours per day staff coverage) to address their psychiatric symptoms and functional impairments.

There are three hospitals with inpatient psychiatric services within the RCMH catchment area. Concord Hospital (CH) has a 15-bed adult voluntary psychiatric unit, 5West, and a dedicated psychiatric "Yellow Pod" in the Emergency Department (CHED). RCMH psychiatric providers staff 5West, provide specialty psychiatric consultations throughout the hospital, and conduct daily rounds in the CHED Yellow Pod. RCMH Emergency Services clinicians work in the CHED Yellow Pod to provide the emergency assessments participate in involuntary admission consultations throughout the hospital. Franklin Regional Hospital (FRH) is a Designated Receiving Facility (DRF) with 10 beds for people who require involuntary inpatient mental health treatment. FRH has an agreement with Lakes Region Mental Health Center (LRMHC) to provide psychiatric emergency assessments in the emergency department. RCMH and LRMHC have an agreement to ensure that RCMH clients at FRH have care coordination and follow up service. RCMH is notified of admissions, and staff participate in telephonic care coordination and discharge planning meetings with FRH DRF. New Hampshire Hospital (NHH), located in Concord, is the state's central 168 bed psychiatric hospital and DRF and serves children and adults who require involuntary inpatient mental health treatment.

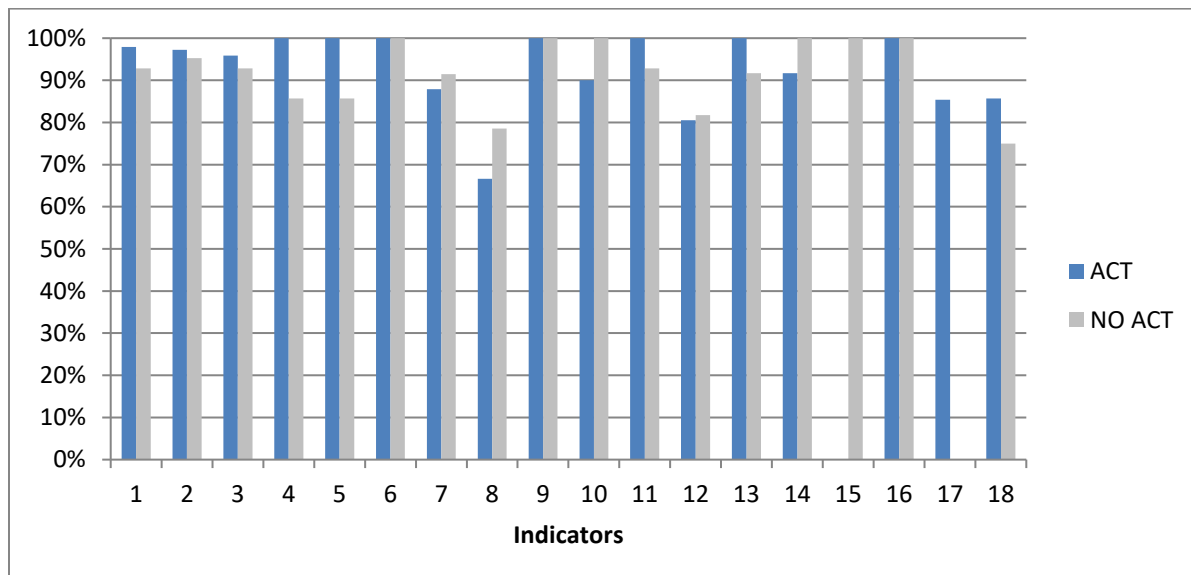
Appendix 5: Year-to-Year Comparison

Indicator	SFY 18	SFY 19	SFY 20	3-Year Overall Change
1. Adequacy of Assessment	83%	97%	96%	13%
2. Appropriateness of treatment planning	94%	89%	96%	3%
3. Adequacy of individual service delivery	84%	86%	95%	11%
4. Adequacy of Housing Assessment	100%	100%	95%	-5%
5. Appropriate of Housing Treatment Plan	95%	95%	95%	0%
6. Adequacy of individual housing service delivery	89%	88%	100%	11%
7. Effectiveness of Housing supports provided	78%	87%	89%	11%
8. Adequacy of employment assessment/screening	76%	59%	71%	-5%
9. Appropriateness of employment treatment planning	56%	86%	100%	44%
10. Adequacy of individual employment service delivery	63%	88%	95%	32%
11. Adequacy of Assessment of social and community integration needs	98%	100%	97%	0%
12. Individual is integrated into his/her community, has choice, increased independence, and adequate social supports	81%	80%	82%	1%
13. Adequacy of Crisis Assessment	86%	83%	96%	10%
14. Appropriateness of crisis plans	81%	98%	95%	14%
15. Comprehensive and effective crisis service delivery	83%	83%	100%	17%
16. Adequacy of ACT Screening	100%	100%	100%	0%
17. Implementation of ACT Services	45%	75%	85%	41%
18. Successful transition/discharge from the inpatient psychiatric facility	87%	83%	80%	-8%
AVERAGE:	82%	88%	93%	10%

Shaded cells indicate areas that required a QIP in the corresponding year

Appendix 6: ACT vs Non-ACT Indicator Scores

Indicator #	Total N		ACT	ACT N	NO ACT	NO ACT N	Difference:
1	19	Adequacy of Assessment	98%	12	93%	7	5%
2	19	Appropriateness of treatment planning	97%	12	95%	7	2%
3	19	Adequacy of individual service delivery	96%	12	93%	7	3%
4	19	Adequacy of Housing Assessment	100%	12	86%	7	14%
5	19	Appropriateness of Housing Treatment Plan	100%	12	86%	7	14%
6	19	Adequacy of individual housing service delivery	100%	12	100%	7	0%
7	19	Effectiveness of Housing supports provided	88%	12	91%	7	-4%
8	19	Adequacy of employment assessment/screening	67%	12	79%	7	-12%
9	8	Appropriateness of employment treatment planning	100%	3	100%	5	0%
10	11	Adequacy of individual employment service delivery	90%	5	100%	6	-10%
11	19	Adequacy of Assessment of social and community integration needs	100%	12	93%	7	7%
12	19	Adequacy of Integration within the Community, Choice, Independence, and Social Supports	81%	12	82%	7	-1%
13	6	Adequacy of Crisis Assessment	100%	3	92%	3	8%
14	19	Appropriateness of crisis plans	92%	12	100%	7	-8%
15	6	Comprehensive and effective crisis service delivery	N/A	3	100%	3	N/A
16	19	Adequacy of ACT Screening	100%	12	100%	7	0%
17	12	Implementation of ACT Services	85%	12	N/A	0	N/A
18	7	Successful transition/discharge from the inpatient psychiatric facility	86%	3	75%	4	11%



Appendix 7: Overall Client Review (OCR)

OVERALL CLIENT REVIEW (OCR)

The following 14 questions and responses are intended to capture an overall evaluation of whether the services received by the individual adequately allow him/her to meet the overall outcomes set forth in the CMHA. The intention is also to provide suggestions and feedback on what additional services or resources would help the individual to meet those outcomes.

Take into consideration all information gathered from interviews and the record review when completing the Overall Client Review.

OCR Q1	Is the frequency and intensity of services consistent with the individual's demonstrated need? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q3
OCR Q2	What is not consistent with the individual's demonstrated need? Please provide justification for your response. <input type="text"/>
OCR Q3	Does the individual receive all the services he/she needs, and if not, have the needs at least been identified in either assessments or addressed in case management and/or treatment plans? Yes or No? <input type="checkbox"/> If YES, Skip to OCR Q5
OCR Q4	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q5	Is the individual receiving all of the services and supports he/she needs to ensure health, safety, and welfare? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q7
OCR Q6	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q7	Is the individual receiving adequate services that provide reasonable opportunities to support the individual to achieve increased independence and integration into the community? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q9
OCR Q8	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q9	Is the individual receiving adequate services to obtain and maintain stable housing? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q11
OCR Q10	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q11	Is the individual receiving adequate services to avoid harms and decrease the incidence of unnecessary hospital contacts and/or institutionalization? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Q13
OCR Q12	What additional services are needed? Please provide justification for your response. <input type="text"/>
OCR Q13	Is the individual receiving adequate services to live in the most integrated setting? Yes or No. <input type="checkbox"/> If YES, Skip to OCR Completion Tracking Chart
OCR Q14	What additional services are needed? Please provide justification for your response. <input type="text"/>